



**AMERICANA U.S.A. 1800 ADVENTURE CLUB
P.O. BOX 800248 SANTA CLARITA CA 91380**

Club and Range Familiarization

Tell Us About Yourself.

Date: _____ (mm/dd/yy) Sponsor: _____

Last Name _____ First Name _____ Middle Initial _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell _____ Work Phone _____

Email Address: _____ Date of Birth _____

Pre-Induction Requirements

1. Attend two club meetings verified by a board member

Meeting #1 Date _____ Board Member Signature _____

Meeting #2 Date _____ Board Member Signature _____

2. Attend two club scheduled shoots verified by a Match Director

Date of Shoot #1 _____ Name of Shoot _____

Type Firearm Used _____

Date of Shoot #2 _____ Name of Shoot _____

Type Firearm Used _____

TO BE ANSWERED BY THE MATCH DIRECTOR

Did applicant demonstrate knowledge of range safety and firearm handling? Yes or No

Are you comfortable that the applicant can safely use firearms on the club ranges? Yes or No

Comments: _____

Match Director Printed Name _____

Match Director Signature _____

Completed form is to be submitted to club President.