



**TARGET RIFLE AUSTRALIA  
LEVEL 1 RANGE OFFICER'S COURSE  
PARTICIPANT APPLICATION FORM**

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**NAME**

**ADDRESS**

**POSTCODE**

**DATE OF BIRTH**

**EMAIL**

**PHONE CONTACT**

**CLUB**

**STATE**

**STATE AFFILIATION MEMBER NUMBER**

**WHAT IS YOUR PRIMARY SHOOTING DISCIPLINE**

**A BRIEF HISTORY OF YOU AS AN ACTIVE SHOOTER**

**END OF REGISTRATION - save the document, and send it to your State Technical Committee**

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**THIS SECTION WILL BE COMPLETED BY THE STATE ASSOCIATION.**

**STATE ASSOCIATION ENDORSEMENT**

The State Association of \_\_\_\_\_  
application.

endorses the above

The applicant has completed the requirements of the course and has been shown to be competent in all areas. We request that Level 1 accreditation be processed.

Course Co-ordinator

on behalf of the State Association

Date