



South African Institute of Range Officers and Instructors

Trainee Registration

Please PRINT clearly

Surname: _____ SAPSA No: _____

First Name/s: _____
(as required on certificate/s)

Province: _____ Club: _____

ID Number: _____ Phone: _____

Email: _____

Postal Address: _____

_____ Code: _____

Skype: _____ Shirt Size: _____
(S/M/L/XL/XXL/XXXL)

Discipline/s:

Action Air	Handgun	Mini Rifle	Rifle	Shotgun	Stats
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Applicant's Signature: _____

SAIRO Board Member Name: _____

SAIRO Board Member Signature: _____

Date: _____