



_____ County 4-H Shooting Sports Club

Name of Member(s) _____ Date of Birth ___/___/_____
_____ Date of Birth ___/___/_____
_____ Date of Birth ___/___/_____

This is to certify I am the parent or guardian of the youth listed above.

In accordance with Federal Law 18 U.S.C. 922 (X) (3) (A) this constitutes my prior written consent for the above named 4-H member(s) to have temporary possession of a .22 Cal. Handgun for use in 4-H safety instruction, 4-H target practice, and 4-H competition as well as transportation of the unloaded handgun to and from these activities on the dates listed below.

The above consent expires December 31, 2021.

(Signature of Parent or Guardian) (Signature of Witness)

Attached: Copy of YOUTH HANDGUN SAFETY ACT NOTICE
I have read the Enclosed Law:

(Signature of Parent or Guardian) (Date)

West Region 4-H Shooting Sports Tournament:
Saturday, August 14, 2021 at the Polk County Gun Club, Tryon, NC
State 4-H Tournament:
Saturday, October 9, 2021

