

International Range Officers Association
LEVEL I RANGE OFFICER SEMINAR
Student Registration Form (please PRINT neatly)

Seminar Location _____ Date _____

First Name _____ Family Name _____

Mailing Address _____ City _____

State/Province _____ Zip/Post Code _____

Country _____ Phone _____

Email Address _____ Fax _____

Current IPSC accreditation [circle]: None RO CRO RM

IPSC shooting experience _____

_____ How many years? _____

IPSC "RO" experience _____

_____ How many years? _____

Why do you wish to attend this seminar?

Applicant's signature (Region) _____

For official use: Do not write below this line

Instructor(s) _____

Exam scores Exam I _____ % Exam II _____ % Exam III _____ %

Exam IV _____ % Exam V _____ % Exam VI _____ % Exam VII _____ %

Instructor recommendation _ yes _ no (explanation on reverse)

Instructor signature Date _____