



# YOUTH DAY

At

**Roseburg Rod & Gun Club  
875 OLD DEL RIO ROAD  
ROSEBURG, OREGON**

**MAY 19, 2018 8:00 AM ~ 4:00 PM**

*Open to Boys & Girls Ages 8 – 18*

*Limited to 100 Participants!*

*Pre-registration is Recommended*

## ACTIVITIES

**ARCHERY CLAY TARGET SHOOTING INDOOR .22 RANGE**

**“LAZER SHOT” SYSTEM BLACK POWDER**

**REGISTRATION:** No Registration Fee. In order to avoid lengthy delays on Youth Day, pre-registration is encouraged.

**FIREARMS:** *Do not bring any firearms or ammunition!* Firearms and ammunition will be provided. “Lazer Shot” is a video system that projects a target onto a screen. A simulated firearm then emits a laser beam onto the screen. This is an excellent system to teach shooting fundamentals.

**RANGE OFFICERS:** Safety Range Officers and coaches will be at each station to assist shooters, help improve their skills and answer questions.

**EYE/EAR PROTECTION:** Eye & hearing protection is required at all times for shooters. Bring your own, or protection will be provided.

**LUNCH:** Lunch will be provided for the participants, and available to others for \$5.00. Lunch will be served between 11:30am – 12:30pm.



© *Limited to 100*  
*Participants!* ©

## YOUTH DAY REGISTRATION FORM

SATURDAY, MAY 19, 2018 8:00 AM – 4:00 PM

**ONE ENTRY FORM PER PARTICIPANT**

**PLEASE PRINT**

**NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**Wishes to participate in the YOUTH DAY activities at the Roseburg Rod and Gun Club.**

I, \_\_\_\_\_, parent or guardian of the above youth, do hereby give my permission for him/her to participate in the shooting activities during Youth Day. I waive any claim or cause of action of any nature arising as a result of, or in connection with, the instruction or use of these facilities.

In the event of an emergency, accident or illness, I hereby authorize the Roseburg Rod & Gun Club, its agents and volunteer instructors to administer emergency medical care to my child, and, if deemed necessary, to secure emergency medical services for which I will assume full financial responsibility.

\_\_\_\_\_  
**PARENT OR GUARDIAN SIGNATURE**

\_\_\_\_\_  
**STREET ADDRESS**

\_\_\_\_\_  
**CITY**

\_\_\_\_\_  
**ZIP CODE**

**PHONE/CELL NUMBER** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PLEASE E-MAIL THIS SIGNED FORM BY MAY 11, 2018 TO**  
**[clancy1948@gmail.com](mailto:clancy1948@gmail.com) OR MAIL TO:**

**Youth Day PO Box 1098, WINCHESTER, OR 97495-1098**