

KNOW YOUR GUN REGISTRATION FORM

April 1st, 2017 9 am – 1 pm

Fort Colville Gun Club
303 Hwy 20 East
PO Box 123
Colville, WA 99114

NAME

ADDRESS

CITY

STATE

ZIP

E-MAIL

PHONE

DATE OF BIRTH

IF YOU ARE PREGNANT OR NURSING , PLEASE ATTACH STATEMENT FROM YOUR DOCTOR

ARE YOU FORBIDDEN TO POSSESS FIREARMS UNDER FEDERAL LAWS? (Y/N)

SIGNATURE:

DATE:



**PLEASE FILL OUT REGISTRATION FORM AND SEND WITH PAYMENT TO:
NANCY HOCKLEY PO BOX 1074 CHEWELAH, WA 99109**
