**DINGMANS SHOOTING RANGE**

1497 Route 739 Dingmans Ferry, PA 18328

Tel (570) 828-7468 (SHOT)

**Unlimited Range Time Membership Application**

**1.DSR GENERAL MEMBERSHIP $240.00 for 6-Months \_\_\_\_\_\_Initials**

* **Unlimited Range Time for SIX-Months in (1) ONE-HOUR blocks** (*based on lane availability).*
* Members only: 10% discount for DSR Classes.
* Members only: 10% discount on DSR Firearm Rentals.
* Members only: 10% discount on DSR Retail Products **\*Firearms Sales Excluded\***

(*Ammunition, Targets and Accessories*).

* Exclusive Invitations to DSR Special Events.
* Lane Reservation, Limited to One-Hour Per Day (*based on lane availability*)

(*Excludes Holidays & Holiday Weekends*)

* DSR Lane Reservation Cancellations up to 2 hours prior to your appointment at no charge.
* Reserved Lane will be held for (5) FIVE-minutes before being released for reassignment.

**2.** **DSR ACTIVE LAW ENFORCEMENT MEMBERSHIP** **$120.00 for 6- Months \_\_\_\_\_\_Initials**

* **Unlimited Range Time for SIX-Months in (1) ONE-HOUR blocks** (*based on lane availability*).
* Members only: 10% discount for DSR Classes.
* Members only: 10% discount on DSR Firearm Rentals.
* Members only: 10% discount on DSR Retail Products \*Firearms Sales Excluded\*

(*Ammunition, Targets and Accessories*).

* Exclusive Invitations to DSR Special Events.
* Lane Reservation, Limited to One-Hour Per Day (*based on lane availability*)

(*Excludes Holidays & Holiday Weekends*)

* DSR Lane Reservation Cancellations up to 2 hours prior to your appointment at no charge.
* Reserved Lane will be held for (5) FIVE-minutes before being released for reassignment.

**\*\*ALL New Patrons to the Dingmans Shooting Range MUST complete the safety orientation and instruction course paperwork (valid for 2-years), there will be a required $10.00 fee per participant. \*\***

**I wish to apply for a Dingmans Shooting Range Membership. I understand that I must submit Valid Proof of Age (Minimum 18 years old, Minor with a Parent 12 to 17) AND Eligible Identification with this application (Driver’s License or Passport) at the time of my entry and prior to my participation at DSR.**

**Name (Print Legibly) Type of Id and Number Date of Birth**

**Mailing Address City State Zip Code**

**Phone Number Email Address DSR Verified**

**With my signature, I certify that I understand and will obey ALL DSR Range Rules both Written and Verbal, including those of the DSR Range Managers, Range Safety Officers, and staff. Furthermore, I certify that I am permitted to handle a firearm in compliance with ALL existing Local, State, and Federal Laws and Regulations. \*\* DSR reserves the right to Revoke your membership at ANY time, for any reason, you will forfeit your remaining privileges, and you WILL NOT receive a refund of any type. \*\* DSR Memberships are NOT transferrable. Take the Safe Shot.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Membership Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**