



# GRENADA GUN AND RIFLE ASSOCIATION

## REGISTRATION FORM

Please complete in block letters  
Please tick the appropriate box

Name of Association/Law Enforcement/Group/Other: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

LASTNAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CONTACT # \_\_\_\_\_

IPSC ALIAS \_\_\_\_\_ REGION \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Please supply information about your Firearm so we can place you into the appropriate Division.

**FIREARM DETAILS:**

Make: \_\_\_\_\_ Model #: \_\_\_\_\_ Serial #: \_\_\_\_\_ Caliber: \_\_\_\_\_

Make: \_\_\_\_\_ Model #: \_\_\_\_\_ Serial #: \_\_\_\_\_ Caliber: \_\_\_\_\_

Make: \_\_\_\_\_ Model #: \_\_\_\_\_ Serial #: \_\_\_\_\_ Caliber: \_\_\_\_\_

Individual Registration: US \$ 150.00

Team Registration: US \$ 40.00

**DIVISION:**

Production:  Standard:  Power Factor:- Minor  Major

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I hereby declare that all information provided on this application form is true in all respect. The Grenada Gun and Rifle Association (GGRA) reserve the right to perform any background checks as may be deemed necessary. I or persons acting on my behalf hereby waive all claims, demands, cause of action howsoever, including any law suits which may be brought in court against the Grenada Gun and Rifle Association, its members, its Officers of the Executive in the event of personal injury, death or loss or damage to personal property which may occur while participating in any of the Association's activities. The Association reserves the right to prohibit me from participating in any shooting activities while on the Association's property. I hereby accept all risks related to the use of firearms/ air guns and Sport Shooting activities. I will accept all decisions made by the Association as final.