

APPLICATION FOR DEDICATED SPORTS SHOOTING PERSON LETTER

Full Names : _____
Surname : _____
Cell Number : _____
E-mail add : _____
ID Number : _____
SAPSA Number : _____

Last 6 shooting credits accumulated while being affiliated to SAPSA:

Date	Level	Competition	Credits
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby certify that the information given by me herein is both true and correct.

SHOOTER

DATE

CLUB CHAIRPERSON

DATE

I have verified against the official records of The South African Practical Shooting Association that this person is on the date of this statement, a registered member of SAPSA and qualifies for the status of a **dedicated sports shooting person** in accordance with SAPSA's Constitution.

WALDO STRYDOM
PROVINCIAL CHAIRPERSON

DATE