

# ERISWELL LODGE LADIES SHOOTING BOOKING SHEET FOR AUGUST 16TH 2025

**£77 FOR EL MEMBERS\* OR £82 FOR NON-MEMBERS**

(\*EXCLUDING SIMPLY CLAYS MEMBERS)

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_

Are you under 18? Yes / No

*Please answer the below questions with as much information as possible, this will help us group you into the most appropriate category for your level of shooting.*

**Have you shot clays before, if you have how often do you and what level of clays do you shoot?**

**Have you attended an ELLS day before and if so which group where you in?**

**Do you have your own UK shotgun license?** Yes / No

**Will you be bringing your own gun to the event?** Yes / No

**If you are what gauge of gun is it?** \_\_\_\_\_

**If you are a member of the CPSA what classifications do you hold?**

**If you are a member of Eriswell Lodge, what is your membership number?**

***Please tick the boxes below to agree to the below statements.***

Under the GDPR regulations 2018, Eriswell Lodge must now ask for your consent to use any gathered information to contact you. If you wish to give your consent please tick this box, any contact will be relevant to ELLS events or other Eriswell Lodge events. To remove consent at any time please email ladies@eriswell-lodge.com

Please tick this box to allow us to use any photos taken of you during the day to be used in any marketing material.

In signing up for this event I can confirm that I am not considered a prohibited person under Section 21 of the Firearms Act 1968. I also confirm that no alcohol or substances will be consumed prior to or during shooting.

*Please be aware that all bookings are subject to return of completed booking in form and full advance payment, cancellation requires at least 72 hours notice to receive a refund for your place.*

**As food is being served on the day, do you have any dietary requirements that we should be aware of? (e.g. vegan, vegetarian, allergies, intolerance etc).**

**Is there any more information you would like us to know?**

Signature \_\_\_\_\_ Date \_\_\_\_\_

***For office use***

Date form received \_\_\_\_\_

Date payment received \_\_\_\_\_