



**PREDATOR
PAINTBALL**
Survival of the Slickest
Since 1994

Phone: 0420 580 834

Email: info@predator.com.au

Skirmish Paintball Club Application

Full Name			
Street Address			
Suburb			
State		Postcode	
Date of Birth			
Phone	<i>(mobile preferred)</i>		
Email Address			
Drivers Licence #	State/Territory:		
Firearms Licence #	State/Territory:		

Number of Paintball sessions I have played: _____

Paintball fields I have played at: _____

I hereby am applying to be a member of the Skirmish Paintball Club and I agree to abide by the rules which I have read and understood.

Signature: _____ Date: _____

Please return this form to the address below with a photocopy of your Driver's Licence or Student ID. If you are 16-17 yrs old also include the parental permission form available on our website.

Predator Paintball
GPO Box 1730
Canberra ACT 2601