



WORKING

2018 Team Registration Form

Date:	9,10,11 February / 2018
Fox Tally Name:	Boyup Brook Community Shoot.
Area/Locations/Properties where your cull will occur:	
Team Name:	
Team Contact Person Name:	EMAIL:
	Phone:

TEAM MEMBER DETAILS;

	First Name	Last Name
1		
2		
3		
4		
5		
6		

By signing this form, I acknowledge that my team and myself:

- will abide by the rules of the event
- will be responsible for our own actions & insurance
- Understand and accept full responsibility for safe and humane shooting practices
- All shooting will take place on private property with the consent of the owner.

Name: _____ Sign: _____



Department of Primary Industries and Regional Development