## **YPST(P) - Apr 18**

## **Course Application**

Name:	(Please Print Clearly)
Address:	
Telephone No or	dob
Email: ( <b>Readable Please</b> )	
Scout Group / Youth Org. : District:	
Membership Number of Scout Assoc. and / or NSRA :	
Rifle Experience / Use of YPST(Rifle) ~	
Pistol Experience (If any) ~	
I declare that I am not prohibited from possessing a firearm or ammunition of the Firearms Act 1968 (which applies to persons who have served a texture youth custody) and enclose a cheque for the course fee made payable to	erm of imprisonment or
Signed	
Please return to the course administrator,	
Roger Monksummers, 29 Cloverfields, Gillingham, Dorset SP8 4UP	•

01747 822202 or roger.monksummers@sky.com