

DELAWARE COUNTY 4-H SHOOTING SPORTS
CONSENT FOR POSSESSION OF FIREARMS BY JUVENILE

Name: _____

Address: _____

City: _____, OH Zip: _____

Phone number: _____

Cell number: _____

Email: _____

Birthday: _____

Discipline: _____

Dues: _____

I, _____, am the Parent/Legal Guardian of the above named juvenile. I certify that I am not prohibited by Federal, State, or Local law from possessing a firearm or ammunition. I do hereby give my consent and permission for the above named juvenile to temporarily possess firearms, handguns, and ammunition.

Signature:

Date: _____