



3 SHOOT SIGN-OFF FORM

Name of Prospective Member: _____

Prospective Member ID#: _____

Shoot #1

Member Name _____ Member ID# _____

Comments _____

Signature _____ Date _____

Shoot #2

Member Name _____ Member ID# _____

Comments _____

Signature _____ Date _____

Shoot #3

Member Name _____ Member ID# _____

Comments _____

Signature _____ Date _____