



SPORTS SHOOTING FACILITY
LOCATED AT:
6070 HOLT ROAD, HAMPTON, ONTARIO

POSTAL ADDRESS
P.O. BOX 31026, 1300 KING ST. E.
OSHAWA ONTARIO, L1H 8N9
905-263-2581
WWW.MARKSMENCLUB.COM

PERSONAL REFERENCE LETTER

LEGAL NAME OF APPLICANT: _____

This personal reference is to be completed by someone that has known the above named applicant for at least five years.

The person named above has applied for a membership at The Marksmen Club (TMC) Your reference will be given careful consideration by the TMC Board of Directors who approve memberships of all applicants.

1. How long have you known the applicant? _____
2. What is your relationship to the applicant? _____
3. To the best of your knowledge, does the applicant have:

Significant Mental or Emotional Problems?	No__ Yes__
A History of Anger or Violence?	No__ Yes__
Involvement in Any Criminal Activity?	No__ Yes__
Committed a Criminal Offence?	No__ Yes__
Been Convicted of a Crime?	No__ Yes__

ADDITIONAL COMMENTS:

REFERENCE PROVIDER INFORMATION:

NAME: _____

TELEPHONE/CELL#: _____ EMAIL: _____

SIGNATURE: _____ DATE: _____