

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: \_\_\_\_\_