

NRA BASIC YOUTH PISTOL COURSE

LOCATION:

DETROIT SPORTSMEN'S CONGRESS 49800 Dequindre Rd., Utica, MI 48317 Office: 586-739-3500 (8 a.m. – 4 p.m.)
Class is held in the Shotgun range building, next to electronic sign.

OBJECTIVES:

The objective is to teach the basic knowledge, skills, and attitude necessary for the safe and proper use of pistols. This course is designed and intended for juniors, 10 years and up.

This course includes 12-hours of training on safety, gun parts, operation, ammunition, cleaning, storage, shooting fundamentals, pistol sports and activities. Additionally, students participate in live fire range exercises. All instruction is under the direction and supervision of NRA Certified Instructors.

This course is mandatory for juniors to participate in the D.S.C. junior pistol program.

DATES & TIME:

This is a six-week course held Friday evenings, 6 - 8 p.m.
Dates: Jan. 3 through Feb. 7, 2025

FEE:

DSC Member \$50 Guest \$75
All classroom and shooting material provided.
Parents are allowed to monitor the class without paying a fee.

Open to the Public



DSC Website

(Optional, join for member discount) DSC Junior membership \$25/year (\$10 net cost)

Juniors, if you join for this class your membership runs through Dec. 2025. Junior members have full club priviledges to all venues. May participate in junior archery, pistol, rifle and shotgun programs.

REGISTRATION:

(Registration required to ensure sufficient class materials)

Limited to 15 students. Registration until class is full or Jan. 5.

Email completed form to wamalo@gmail.com

For juniors, if you email the form without the parental signature please bring the signed parental consent form with you on the day of class or you can sign the first day of class. **Must have the parental consent signed to participate.**



Link to class flyer

PLEASE PRINT Return form to address below, payment due first night of class.

Name: _____ Address: _____

City: _____ State & Zip: _____

Email: _____ Phone: _____

Age: _____ DSC #: _____

Parental Consent (Print): _____

Parental Consent Signature: _____

Questions and Return form to: **Bill Malopolski**
18161 25 Mile Road
Macomb, MI 48042-1759

Phone: 248-255-6058
wamalo@gmail.com

**SAFETY
FIRST**

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