**Name of Group:**

Tombstone City Ordinance No. 2016-01

**As an Individual:**

Please print your name in the first line and circle the appropriate answer.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, solemnly swear that the questions below are answered truthfully:

* Do you have a felony conviction? **Yes/No**
* Do you have any domestic abuse convictions? **Yes/No**
* Do you have any outstanding warrants? **Yes/No**
* Do you have any orders of protections or other court orders against you that would prohibit the possession of a firearm: **Yes/No**

**As the Coordinator of the Group:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do attest, that to the best of my knowledge, none of the members of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gunfight group have ever been arrested, charged, or have committed any felony offense, or convicted of any domestic violence offenses, which would prevent them from participating in any gunfight reenactment pursuant to Tombstone City Ordinance No. 2016-01.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_