



Members Claim Form

Your Details

Name: _____

Address: _____

Post Code: _____

E-Mail: _____ Tel Number: _____

Details of “Doffing”

Place of “Doffing”: _____ Date of “Doffing”: _____

Address of Shoot: _____

Name of Shoot Captain: _____

E-Mail shoot Captain: _____

Tel No of Shoot Captain: _____

Declaration

To be completed by hand:

As a current Member of The Woodcock Trust, I _____ (Name) do honourably declare that I did “doff” my cap at a PAIR of passing Woodcock whilst shooting at _____ (Shoot Name) on _____ (date) and hereby write to claim my complimentary bottle of PINCKNEYS EXTRA SLOE GIN 26% @ 50ml.

I DO/DO NOT wish for my name to be published on The Woodcock Trust website as an Honouree Member of The R&L Club (Strike relevant word/s)

I AM/AM NOT 18 Years old (Strike relevant word/s)

Signed _____ Dated _____

NOTE: ALL Claim Forms must be accompanied by a valid Witness Statement as per Conditions and sent to C. Pinckney Esq, Pump House, Wood Hall Estate, Shropshire – WR15 8NB