

NASF Range Request Form

User Group Name: _____

Date: _____

Name of Applicant: _____

Phone: _____

Signature: _____

Email: _____

Event Date(s) Range Requested - _____

Range Time Start/End _____

Approximate # of Participants Adults _____ **Minors** _____

Check all that Apply – At least one from each row –

Required

Pistol Rifle Carbine Sporting Clays/Trap or Skeet (Circle Please)

Paper Targets Steel Targets

Tactical Shooting Stationary Shooting

Match Practice Testing Training

Match Name/Training Type: _____

NASF Use Only:

Current User Agreement on File: Yes No

Invoices paid and up to date: Yes No

Applicant authorized on UG Agreement: Yes No

Hold Harmless Clause on File: Yes No

Approved NASF _____ Date _____