

## NASF Range Request Form

User Group Name: \_\_\_\_\_

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

Name of Applicant: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_

**Event Date(s) Range Requested -**

**Range Time Start/End**

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

**Required**

Pistol Rifle Carbine Shotgun

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 \_\_\_\_\_