



4-H State Shooting Sports Air Rifle Range Request Form

County	Club Name	
Contact Person:		
Address:		
Phone:	Range Request Date	
Date of Expected Return:		
Purpose of Use:		
break or damage while I am using th repairing the range. I understand that		
Signature of Leader/Instructor		Date
Signature of 4-H Agent/Program Ass	sociate	Date
Please send request to:		
Sherrie Peterson sherriepeterson92 439 Quakertown Road Flemington, NJ 08822	?@gmail.com	





4-H State Shooting Sports Air Rifle Range Inspection Checklist Form

County	Club Name
Contact Person:	
Address:	
Phone:	Dates of Use
Contents: 2 pop up frames, 8ft. X 12 ft. each5 panels1 primary impact wall1 primary impact wall support rod5 baffles2 cases1 Speed Shoot Target Systemassembly instructions1 crossman air gunstate bannerair tank	
Packing Inspection:pieces are in working orderpieces are neatly packed, and organthe range has been cleaned off prioall pieces are in working order Comments/suggestions after use:	r to putting it away
Signature of Leader/Instructor who perform	med inspection Date Returned