Illinois State Rifle Association

 Dedicated to education, safety training and support of Illinois firearm owners.

RANGE USE REQUEST FORM

Event: ______________________________________________________________________________

Event Description: _____________________________________________________________________
_____________________________________________________________________________________

Open to Public or Member Only: ____________________________________________________

Contact Name: _______________________________________________________________________

Contact Phone: _____________________________________________________________________

Contact Email: _____________________________________________________________________

Instructor(s): _______________________________________________________________________

Start Date: ___________   Time: ________             End Date: ___________   Time: ________

Location/Range #: __________________________________________________________________

Number of students: _______ at $20.00 each.   Total price owed: ______

INSURANCE: You must attach a copy of your Certificate of Insurance naming the ISRA as an additional insured on your policy. All participants must sign an ISRA Waiver.

Submit completed form to: Illinois State Rifle Association
PO Box 637
Chatsworth IL 60921

or

Email: member@isra.org or lori@isra.org

Telephone: 815.635.3198  Facsimile: 815.635.3723  www.isra.org