

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