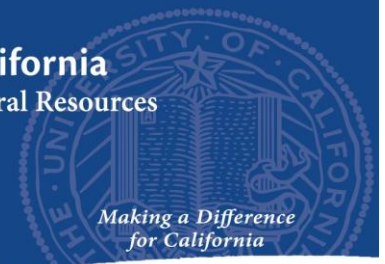


# Shooting Sports Air Gun Request Authorization

University of California  
Agriculture and Natural Resources



1/2014

Date: \_\_\_\_\_  
 Name of 4-H Unit/Club or VMO/Council: \_\_\_\_\_  
 Name & phone number of 4-H volunteer making request: \_\_\_\_\_

Location (including address) where air guns will be stored: \_\_\_\_\_

Type of locking storage container to be used: \_\_\_\_\_

Where and how air guns will be marked as identifiable 4-H property: \_\_\_\_\_

Quantity to be purchased	Air Gun Type, Rifle or Pistol	Manufacturer	Model	Caliber	Cost per Unit	Vendor

***I am a trained 4-H Shooting Sports Adult Volunteer in good standing. I have a copy and have reviewed the applicable policies on the use of air guns for the California 4-H Shooting Sports program.***

4-H Adult Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

4-H Staff Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

County Director Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of person(s) designated by County Director to make purchase: \_\_\_\_\_

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