

Shooting Sports Ammunition Purchase Request Authorization

University of California
Agriculture and Natural Resources



1/2014

(This applies to modern cartridge firearms. It does not include ammunition for air guns or muzzle loading firearms.)

Date: _____

Name of 4-H Unit/Club or VMO/Council: _____

Name & phone number of 4-H adult volunteer making request: _____

Location (including address) where ammunition will be stored: _____

Quantity to be purchased	Gauge / Caliber	Vendor	Approximate Cost

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 and storage of ammunition for the California 4-H Shooting Sports program.

4-H Adult Volunteer Signature: _____

Date: _

4-H Staff Approval Signature: _____

Date: _

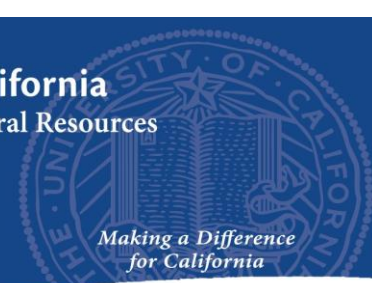
County Director Approval Signature: _____

Date: _



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

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