Shooting Sports Ammunition
Purchase Request Authorization

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: _________________________________
____________________________________________________________________________________

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<thead>
<tr>
<th>Quantity to be purchased</th>
<th>Gauge / Caliber</th>
<th>Vendor</th>
<th>Approximate Cost</th>
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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: ___________

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

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