



BASF Range Request Form

Email: basfrequests@azgfd.gov

User Group Name: _____ Date: _____

Name of Applicant: _____ Phone: _____

Signature: _____ Email: _____

Event Date(s)	Range Requested	Range Time Start/End	Lights Required Yes/No	Building Requested	Building Time Start/End
Check all that Apply - At least one from each row (Required)	<input type="checkbox"/> Pistol <input type="checkbox"/> Rifle <input type="checkbox"/> Carbine <input type="checkbox"/> Shotgun <input type="checkbox"/> Paper Targets <input type="checkbox"/> Steel Targets <input type="checkbox"/> Tactical Shooting <input type="checkbox"/> Stationary Shooting <input type="checkbox"/> Match <input type="checkbox"/> Practice <input type="checkbox"/> Testing <input type="checkbox"/> Training Match Name/Training Type: _____				<u>Notes:</u>
Check all that Apply - At least one from each row (Required)	<input type="checkbox"/> Pistol <input type="checkbox"/> Rifle <input type="checkbox"/> Carbine <input type="checkbox"/> Shotgun <input type="checkbox"/> Paper Targets <input type="checkbox"/> Steel Targets <input type="checkbox"/> Tactical Shooting <input type="checkbox"/> Stationary Shooting <input type="checkbox"/> Match <input type="checkbox"/> Practice <input type="checkbox"/> Testing <input type="checkbox"/> Training Match Name/Training Type: _____				<u>Notes:</u>
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Office Use Only:		
Current User Agreement on File:	Yes	No
Current Insurance Certificate on file:	Yes	No
Invoices paid and up to date:	Yes	No
Applicant authorized on UG Agreement:	Yes	No
Hold Harmless Clause on File:	Yes	No

