SHOOTING SPORTS RESOURCE FORM

Name: _______________________________________________________________________
Address: _____________________________________________________________________
Phone #: ____________________________     Cell # _________________________________
E-Mail Address: ______________________________________________________________
District____________________________________________

Shooting Discipline Interests
( ) Archery    ( ) Rifle    ( ) Shotgun    ( ) Muzzleloader    ( ) Pistol

Merit Badge Counselor
( ) Archery    ( ) Rifle    ( ) Shotgun

Certifications with Training Date:
BSA National Camping School
( ) Shooting Sports Director Date________
( ) Pistol Date________

BSA Range Officer
( ) BB Gun Date________
( ) Archery Date________

NAA/USA Archery Instructor
( ) Level 1 Date________
( ) Level 2 Date________

National Rifle Association
( ) Rifle Instructor Date________
( ) Shotgun Instructor Date________
( ) Pistol Instructor Date________
( ) Rifle Assistant Instructor Date________
( ) Shotgun Assistant Instructor Date________
( ) Pistol Assistant Instructor Date________
( ) Muzzle Loading Rifle Date________
( ) Muzzle Loading Shotgun Date________
( ) Muzzle Loading Pistol Date________
( ) Range Safety Officer Date________
( ) Chief Range Safety Officer Date________
( ) NRA Training Counselor Date________
( ) NRA Home Firearm Safety Date________
( ) NRA Personal Protection Date________
( ) Metallic Cartridge Reloading Date________
( ) Shotgun Shell Reloading Date________