

RANGE BOOKING REQUEST

Date		Date of Range Booking Requested		National SSAA #		Mount Isa Branch #	
Requestors Name			Requestors Address				
Contact Details	Mobile		Email Address			FAX	
PERSONS ANTICIPATED ATTENDING (Min. of 2 MUST attend)							
#	Surname	First Name	D.O.B	Address	Lic. Y/N	Fm 33A/33 Y/N	ADF Indemnity
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Estimated to Start		Estimated to Time		CAT Firearms Using	ABH	Amount of Estimated Rounds to be used	
NOMINATED RANGE OFFICER (Safety Officer) DURING RANGE ATTENDANCE							
Surname		First Name		License Details – State/ Number/ CAT.			
REQUIREMENT OF THE RANGE OFFICER ON ARRIVAL AT THE RANGE							
<p>On arrival at the Range I am required to display the Red Range Flags (provided) at the GATE, FIRING LINE ENCLOSURE and BUTTS at the REAR. I am also to inspect the Range prior to any shooting taking place and again after completion of the shooting, before leaving the Range. I am to note any damage that was present before and to take any note of damage that may have occurred during shooting and to report this when I return the keys of the Range back to the LOCAL RANGE CONTROL OFFICER.</p> <p>At the Range I shall conduct the Shoot as per the Standing Orders of the Range and of the SSAA Mount Isa Branch ensuring that NO PERSONS will be forward of the Firing Line when Shooting or handling of Firearms or Ammunition is occurring. I shall ensure that ALL PERSONS obey the Associations CODE OF FIREARM SAFETY.</p>							
Signed:					Date		
(Office Use)							
DATE RECEIVED		Name		Signed		HOW RECEIVED (E-Mail / FAX / Hand)	
ACTIONS TAKEN REGARDING BOOKING WITH ADF - RANGE CONTROL							
Date		HOW ADVISED		Phone/Email/Fax		NAME OF CONTACT	
Branch Approval		ADF Approval		ALL RELEVANT DOCUMENTS COMPLETED		ALL RANGE USERS ADVISED OF BOOKING APPROVAL	
Yes	No	Yes	No	Yes	No	Yes	No
Key #	Date Key Given			Range Fees Rec'd	\$	Receipt #	Date Key Returned
Signed	Signed Issuer			Signed on Return		Signed Rec'd	