Capitol Area Council **Boy Scouts of America**

LOST PINES SCOUT RESERVATION

Shooting Sports Ranges & Equipment Permit

Council: _____ District:_____ Unit:_____	Number of Participants (anticipated) _____Registered Scout Youth _____ Registered Scout Adults	Dates Requested on the Range Arrival Date:_____ Arrival Time: _____ Departure Date: _____ Departure Time: _____

Activity and Range Requested Please check all that apply _____ Rifle Range _____ Shotgun _____ Archery	Rental Fees for Rifle, Shotgun or Archery Sets (No off-camp rentals allowed. Lost Pines Scout Reservation Only). # rifles_____x # days_____ x $10 per day = $_____ # shotguns _____x # days_____ x $10 per day = $_____ # Archery Sets_____x # days_____x $15 per day = $_____ Mechanical Clay Thrower - $10 per day $_____ TOTAL $_____ Units must provide a deposit fee to the camp ranger. Units will be charged a replacement or repair fee for missing or damaged property.

I certify that all members participating in this Shooting Sports activity are registered members of the Boy Scouts of American, have received training in the proper and safe use of firearms and agree to follow these procedures as outlined in the "Guide to Safe Scouting" and LPSR rules. This Shooting Sports Activity is being conducted with the full knowledge and approval of the Unit Committee and parents of youth participating.

Signature of Registered Scout Leader in charge of the activity: _____

Printed Name of Registered Scout Leader in charge of activity: _____

Address (City, ZIP)_____

Day Phone_(____)_____Home (____)_____

Email address_____

NRA/NAA Certified Instructor/Range Safety Officer: _____

Telephone :(_____)_____

NRA/NAA ID Number & Expiration Date: _____