



**Shooting Sports  
Air Gun Purchase Request Authorization**  
12/2009

Date: \_\_\_\_\_

Name of 4-H Club or Council: \_\_\_\_\_

Name & phone number of 4-H volunteer making request: \_\_\_\_\_

\_\_\_\_\_

Location (including address) where air guns will be stored: \_\_\_\_\_

\_\_\_\_\_

Type of locking storage container to be used: \_\_\_\_\_

Where and how air guns will be marked as identifiable 4-H property: \_\_\_\_\_

\_\_\_\_\_

Quantity to be purchased	Air Gun Type Rifle or Pistol	Manufacturer	Model	Caliber	Cost per Unit	Vendor

***I am a trained 4-H Shooting Sports Adult Volunteer Leader in good standing. I have a copy and have reviewed the applicable policies on the use of air guns 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: \_\_\_\_\_

\_\_\_\_\_