North Dakota 4-H Shooting Sports

Shooting Sports Trailer Reservation Form

Name ______________________________________ County __________________________________

Date when needed ____________________________ Name of event _____________________________

Purpose of event _______________________________________________________________________

Location of event ______________________________________________________________________

Trailer Requested _______ Trailer #1            ___________ Trailer #2

How will the trailer be utilized? ___________________________________________________________

Potential number of contacts _____________________________

The following criteria will be utilized in making decisions on the reservation of the shooting sports trailer:

1. Purpose of the event (education, outreach, fund raising, etc.).
2. Potential number of contacts.
3. Reservations will only be considered to a county with an active 4-H shooting program

Priorities for consideration include:

1. Reservation for a state-sponsored certification workshop or event.
2. Education and outreach will have priority over fund raising.
3. First time requests will have priority over repeat requests.
4. When possible, the trailer will be reserved on a first come-first served basis.

Additional information:

1. Rental fee of $25 for each trailer. A $50 fee or 25% of take whichever is greater will be charged for the fundraising trailer #1. (suggested charge per person is $1.00/12 shots)
2. The individual is responsible for the pick-up, safe storage, and return of the trailer.
3. Trailer may only be operated under the direct supervision of a certified shooting sports leader.
4. The trailer will be equipped with two compressed-air Crossman pellet rifles, safety glasses, targets, silhouette and paper targets, and compressed C02 tank.
5. There may be an additional charge based on the total number of pellet shots.
6. Users of trailer are responsible for all damages not deemed normal wear and tear.

Contact Signature ____________________________________ Phone ___________________________

Extension Agent Signature _____________________________ Phone ___________________________

Return to: Adrian Biewer, ND 4-H SSP, NDSU, Dept 7280, PO Box 6050, Fargo, ND 58108-6050
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