NRA HUNTER CLINIC ACTIVITIES REPORT

Hunter Clinic Activities Reports must be submitted upon completion of each NRA Hunter Clinic and forwarded to the NRA. Information contained within will enable the NRA to monitor the progress of the Hunter Clinic Program and aid in future clinic development.

INSTRUCTOR(S) INFORMATION

Principal Instructor Name and Address

__________________________________________________________________________

__________________________________________________________________________

Assisting Instructor(s) Name(s) and NRA ID#(s)

__________________________________________________________________________


CLINIC INFORMATION

Topic

__________________________________________________________________________

Location

__________________________________________________________________________

Date ___________________________ Day of Week ___________________________

Time ___________________________ Clinic Length in Hours ___________________

Number of Students _______________________ Registration Fee Per Student ______

ADDITIONAL COMMENTS

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Please mail immediately along with completed copy(ies) of the NRA Hunter Clinic Registration Form to:

National Rifle Association
Hunter Services Dept. – HCIP Program
11250 Waples Mill Road
Fairfax, VA 22030

For NRA Use Only

Date Received/Processed ___________________________
Processor Initials ____________________________