

# 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

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

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## CLINIC INFORMATION

Topic-----

Location-----

Date----- Day of Week-----

Time----- Clinic Length in Hours-----

Number of Students----- Registration Fee Per Student-----

## ADDITIONAL COMMENTS

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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-----