



# Request to Host Shooting Sports Training Class Iowa SCTP, Inc.

What type of class do you want to hold?  Basic Shotgun Coach  NSCA  
 NRA Level 1  NSSA  
 NRA Range Safety Officer  Other: \_\_\_\_\_

### Location of class

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Briefly describe the shooting facilities available for training:

Is there a classroom that can be used for the course?  Yes  No If yes, how many does it seat? \_\_\_\_\_

Do you have specific dates or timeframes for the class to be held? \_\_\_\_\_

Is there a facility rental charge for the class being held?  Yes  No If yes, how much? \_\_\_\_\_

What is the fee for clay targets used in the training? \_\_\_\_\_

Who should reimbursement be made to for targets and/or rental fee? \_\_\_\_\_

Address check should be mailed to: \_\_\_\_\_

Who is the contact person for opening the facility and trap houses? \_\_\_\_\_

Phone Number: \_\_\_\_\_

Lunch should be arranged by the local club or other contact, and reimbursed (up to \$9/attendee )by the Iowa SCTP, Inc.

Who is the contact for arranging lunch for the training? \_\_\_\_\_

Phone Number: \_\_\_\_\_

Who should reimbursement be made out to for lunch expenses? \_\_\_\_\_

Address check should be mailed to: \_\_\_\_\_

This completed form should be submitted to:

Chris Van Gorp ([chris.vangorp@dnr.iowa.gov](mailto:chris.vangorp@dnr.iowa.gov))

Iowa DNR

502 E 9<sup>th</sup> St

Des Moines IA 50319.

Receipts or invoices for targets, facility rental, and meals should be submitted to:

Iowa SCTP, Inc.

812 S 15<sup>th</sup> St

Oskaloosa IA 52577