

RIFLE SPECIAL USE REQUEST

I have been fully instructed in the WCW Range Safety policy and procedures and understand them. I am fully knowledgeable in firearm safety and the safe operation of all the firearms I will be using. I understand that I am personally responsible for the safe operation of this range facility and will immediately take corrective action whenever necessary to insure that everyone on the facility is following all the rules and safety procedures. I understand that display of the current membership card is mandatory and I will ask anyone without a proper card and special use permission to leave the facility. I understand that I may not do anything other than that which the Committee has given me specific permission to do. Shooting birds and wildlife is strictly forbidden and will result in loss of all privileges.

TARGETS - I understand that I may use only the standard targets available through the club, and that my target frame and shooting position will be left clean when I leave. I understand that all targets must be hung directly downrange from the shooting position and I will not shoot at anything other than my target.

BENCHREST – I understand shooting a rifle from the bench using one the provided rests or a bipod can be at 100, 200, or 300yds.

BLACKPOWDER – I understand that using blackpowder requires additional knowledge and procedures due to the explosive nature of the powder and is limited to 100yds. I certify that I have the proper equipment and training.

POSITION

CMP/Mil HP Position Match Practice(100yds) (Prone, Sitting, Kneeling, Standing)(Includes Match multiple rounds) (Qualified competitors with current NRA Class card).

Position Rifle(100yds) (Qualified Members) (Positions Prone, Sitting, Kneeling)

300 YD PRONE (Qualified Members)

Sticks (Qualified Members)

*I understand that position shooting is done off the forward raised shooting platform and, for this reason, position shooting is generally confined to the west or middle shooting bays. These permissions are limited to members **who have Qualified**.*

CHRONO - I understand that I will only use a chronograph when I can do it without disturbing other shooters on the line. I will insure that all rounds shot through the chronograph sky screens strike the proper 100 yard impact area and will not damage any target frames.

HIGHPOWER PISTOL BENCH - I understand that all shooting will be from on the benches in the east shooting bay and that the only pistols allowed are scoped pistols chambered for rifle cartridges which cannot be fired on the pistol range, such as .223, .308, 30-30, and similar rifle cartridges. Limited to 100yds.

OFF-HAND RIFLE – I understand that all off-hand rifle shooting will be from the side of a bench by moving the stool and with your leading foot against the concrete bulkhead. Limited to 100yds.

MEMBER HOURS - I understand that no noise will be made before 9:01 AM. I understand that every person who has permission to be on the property during member's hours will have a gate key in their possession and will be wearing a membership card. I will not admit others into the facility and I will ask anyone without a card and the appropriate Permissions to leave. I understand that Open shooting terminates with the closing of the Range Office.

I request the following (circle each privilege separately)(fill in the required blanks):

RIFLE Range

Benchrest (100-300yds) **Chrono** **BlackPowder**(100yds) **Off-hand**(100yds) **HP-Pistol-Bench** _____caliber (100yds)

CMP/Mil HP Position (P,S,K,S)(100yds)(NRA classification _____) **Multiple Rounds** Max8 (qual date _____)

Position Rifle (P, S, K)(100 yds) (cal _____)(qual date _____) **Sticks** (100yds)(qual date_____)

300 Yd Prone (200-300yds)(cal_____)(qual date_____)

I understand that the approval of this request is not a right of membership, but a privilege granted, and I will do all that is expected to retain this privilege, including supervising the ranges and helping on work parties. I also understand that the Rangemaster on duty or a Club Official may restrict any or all these permissions at any time.

Signed: _____ Telephone () _____

Print Name _____ Member Number _____

APPROVED ON _____ BY _____

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