

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_____