



BASF RANGE RESERVATION REQUEST FORM:

FAX # 623-582-5317

User Group Name: _____ Date: _____

Name of Applicant: _____ Email: _____

Signature: _____

Phone #: _____ Fax #: _____

FOR OFFICE USE ONLY-Do not write inside this box

Current User Agreement on file?	YES	NO	Date received: _____
Current Insurance certificate on file?	YES	NO	Date Confirmed: _____ or Denied: _____
Invoices paid and up to date?	YES	NO	Range Master: _____
Is Applicant's name on User Agreement?	YES	NO	Reason range request was denied:

The request is automatically denied if a No is circled above.

EVENT DATE (S)	RANGE REQUESTED	RANGE TIME		LIGHTS REQUIRED YES/NO	BUILDING REQUESTED	BUILDING TIME START/ END	
		START / END					
Detailed Course of Fire ➡ (Required)							
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BASF RANGE RESERVATION REQUEST FORM CONTINUED:

FAX # 623-582-5317

USER GROUP NAME: _____

EVENT DATE (S)	RANGE REQUESTED	RANGE TIME		LIGHTS REQUIRED	BUILDING REQUESTED	BUILDING TIME	
		START	/END	YES/NO		START/	END
Detailed Course of Fire ➡ (Required)							
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