



BASF RANGE RESERVATION REQUEST FORM

FAX # 623-582-5317

User Group Name: _____ Date: _____

Name of Applicant: _____ Email: _____

Signature: _____

Phone #: _____ Fax #: _____

FOR OFFICE USE ONLY

Current User Agreement on file?	YES	NO	Date received: _____
Current Insurance certificate on file?	YES	NO	Date Confirmed: _____
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 START TIME END TIME	LIGHTS REQUIRED YES/NO	BUILDING REQUESTED	BULDING START TIME END TIME
Detailed Course of Fire					
Detailed Course of Fire					
Detailed Course of Fire					
Detailed Course of Fire					



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