



Williamson Shooting Sports Complex
2018 Instructor/RSO Certification Form
FOR DISTRICT/COUNCIL EVENTS ONLY

This form must be completed with copies of current certification cards attached and submitted to the Mabee Scout Reservation Ranger upon check-in at WSSC.

Refer to the current WSSC Standard Operating Procedures for required certifications for each venue.

Event Sponsor:
(District or Council) _____

Event Coordinator: _____

Email: _____ Phone: _____

Name of Scouter that has completed
WSSC Orientation Training **: _____

Email: _____ Phone: _____

NRA Rifle Instructor Name **: _____ NRA ID#: _____

Email: _____ Expiration: _____

NRA Rifle Instructor Name **: _____ NRA ID#: _____

Email: _____ Expiration: _____

NRA Range Safety Officer Name **: _____ NRA ID#: _____

Email: _____ Expiration: _____

NRA Range Safety Officer Name **: _____ NRA ID#: _____

Email: _____ Expiration: _____

NRA Shotgun Instructor Name **: _____ NRA ID#: _____

Email: _____ Expiration: _____

NRA Shotgun Instructor Name **: _____ NRA ID#: _____

Email: _____ Expiration: _____

NRA Shotgun Instructor Name **: _____ NRA ID#: _____

Email: _____ Expiration: _____

NRA Range Safety Officer Name **: _____ NRA ID#: _____

Email: _____ Expiration: _____

USA Archery Instructor Name **: _____ USA Archery Instructor

Email: _____ Expiration: _____

USA Archery Instructor Name **: _____ USA Archery Instructor

Email: _____ Expiration: _____

**** Copy of Certification cards must be attached.**

(See page 2 of this form for NRA Pistol Instructor and NRA Muzzleloading Rifle Instructor entries.)



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Youth must be registered in a Venturing Crew to shoot pistols.

Pistol Rifle ML NRA Instructor Name**: _____ NRA ID#: _____
Email: _____ Expiration: _____

Pistol Rifle ML NRA Instructor Name**: _____ NRA ID#: _____
Email: _____ Expiration: _____

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Email: _____ Expiration: _____

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Email: _____ Expiration: _____

Pistol Rifle ML NRA Instructor Name**: _____ NRA ID#: _____
Email: _____ Expiration: _____

Pistol Rifle ML NRA Instructor Name**: _____ NRA ID#: _____
Email: _____ Expiration: _____

NRA Range Safety Officer Name**: _____ NRA ID#: _____
Email: _____ Expiration: _____

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Email: _____ Expiration: _____

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**** Copy of Certification cards must be attached.**