

Charter Date: _____
 Range: _____
 Posted Date: _____
 Star Rating: _____
 NFAA Office Use Only

**NATIONAL FIELD
 ARCHERY ASSOCIATION
 31407 Outer I-10
 Redlands, CA 92373**

Cash: _____
 Check: _____
 MO: _____
 Total: _____
 NFAA Office Use Only

Course Approval Inspection Form For Outdoor Field, Hunter, and Animal Ranges.

Club/Shop Name _____

Club Address _____

City _____ State _____ Zip _____

Club Secretary _____

Secretary Address _____ Phone # _____

City _____ State _____ Zip _____

New Course? Yes _____ No _____ Re-Approval Existing Course? Yes _____ No _____

Number of Target Units _____

Inspected By: _____ Date _____
 (print name) _____ (Signature) _____ Inspected _____

Inspectors Address _____ Phone# _____

City _____ State _____ Zip _____

Describe the location of your course in respect to distance from the nearest town. (Example) Range located at 5.5 miles from downtown San Bernardino. Take Interstate 10 to Water exit, go north 2.3 miles to Hunt St. Turn east on Hunt St. and go 1.7 miles.

Outdoor Range Location: _____

Inspection forms shall be made in *triplicate*. **One copy** retained by club. **Two copies with a \$15.00 check** for the course approval fee are mailed or given to the **NFAA State Director** who keeps one copy for his or her records, and signs and mails the **original to NFAA Headquarters along with the \$15.00 check for the course approval fee.**

Course approval shall expire two years from the date of issuance. When a change is made in the course, a new Course Approval must be obtained. The \$15.00 Course Approval fee will apply.

If Course Approval is completed within a four month period from the effective date of a New Charter, no fee will be required for the initial inspection.

The above outdoor facilities have been inspected by me or my appointee and have been found to meet all NFAA and State requirements and is chartered with NFAA. I hereby recommend that it be recognized as an official NFAA approved course.

NFAA Director _____
 (print name) _____ (sign name) _____

State _____ Date _____