



Division of Wildlife  
Ohio Department of Natural Resources

# NASP/SHOOTING SPORTS EDUCATION PROGRAM FINAL REPORT

TYPE OF EVENT (Check one only):  NASP  Shooting Event/Other

ARE YOU A GRANT RECIPIENT? (Check one):  Yes  No NAME OF GRANT: \_\_\_\_\_

SCHOOL/AGENCY/CLUB NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY / STATE . ZIP CODE: \_\_\_\_\_

CONTACT PERSON & PHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

NAME OF EVENT OR ACTIVITY: \_\_\_\_\_

DATE OR DATES OF ACTIVITY: \_\_\_\_\_

BRIEF SUMMARY: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Your voluntary completion of this section will help the Division of Wildlife in administering the statewide program to assure that equal opportunity is provided to individuals without regard to their race, color, national origin or handicap.

HOW MANY PARTICIPANTS WERE IN THE FOLLOWING GROUPS?

WHITE \_\_\_\_\_ BLACK \_\_\_\_\_ HISPANIC \_\_\_\_\_ NATIVE AMERICAN \_\_\_\_\_ ASIAN/PACIFIC ISLANDER \_\_\_\_\_  
HANDICAPPED \_\_\_\_\_

**Within two weeks of the completion of your NASP/Shooting Sports education activity or program, please complete this form and return it to the Division of Wildlife. This form is necessary to further the program and educators that fail to return this form may not be eligible to receive future support. Thank you for your cooperation.**

Upon completion, all reports should be returned to: Outdoor Education Section, ODNR, Division of Wildlife, 2045 Morse Road, Bldg., G-1, Columbus, Ohio 43229-6693



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# NASP/SHOOTING SPORTS EDUCATION PROGRAM

## INSTRUCTOR NAMES, SIGNATURES, AND HOURS - FINAL REPORT

TYPE OF EVENT (Check one only):  NASP  Shooting Event/Other

**Lead Instructor**

Printed Name	Signature	Activity
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NASP/Shooting Sports Education		
Hour Taught	Hours Traveled	Prep. Time

**Assistant Instructor**

Printed Name	Signature	Activity
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NASP/Shooting Sports Education		
Hour Taught	Hours Traveled	Prep. Time

**Assistant Instructor**

Printed Name	Signature	Activity
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NASP/Shooting Sports Education		
Hour Taught	Hours Traveled	Prep. Time

**Assistant Instructor**

Printed Name	Signature	Activity
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NASP/Shooting Sports Education		
Hour Taught	Hours Traveled	Prep. Time

**Assistant Instructor**

Printed Name	Signature	Activity
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NASP/Shooting Sports Education		
Hour Taught	Hours Traveled	Prep. Time

**Assistant Instructor**

Printed Name	Signature	Activity
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NASP/Shooting Sports Education		
Hour Taught	Hours Traveled	Prep. Time

**Assistant Instructor**

Printed Name	Signature	Activity
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NASP/Shooting Sports Education		
Hour Taught	Hours Traveled	Prep. Time

**Assistant Instructor**

Printed Name	Signature	Activity
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NASP/Shooting Sports Education		
Hour Taught	Hours Traveled	Prep. Time

**Assistant Instructor**

Printed Name	Signature	Activity
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NASP/Shooting Sports Education		
Hour Taught	Hours Traveled	Prep. Time

**Assistant Instructor**

Printed Name	Signature	Activity
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NASP/Shooting Sports Education		
Hour Taught	Hours Traveled	Prep. Time

**Assistant Instructor**

Printed Name	Signature	Activity
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NASP/Shooting Sports Education		
Hour Taught	Hours Traveled	Prep. Time