

Armory Weapon Overnight Form

Organization Name: _____

Print Name of person signing out weapon: _____

Signature of person signing out weapon: _____

Event Name: _____

Place of Event: _____

Date Weapon Signed out: _____ Time: _____

Date Weapon will be returned: _____ Time: _____

Description of Weapon: _____

Organization Owned Privately Owned

Print Organization President Name: _____

Signature of Organization President: _____

By signing above we have agreed that we are attending an event that requires us to keep our weapon(s), overnight and that we will keep these weapons locked in our vehicles at all times while on SUNY Geneseo property until these weapons described above can be returned to the Armory Cages when the College Union is open for business.

**Armory Weapons Overnight Form-white/6/14*