



Cody Shooting Complex Event Request Form

All event requests must be approved by the applicable Venue Manager(s) and Board. This form must have the Venue Managers' signature(s) prior to being submitted for Board approval. Board meetings are held at 6PM on the second Tuesday of the month. To be placed on the agenda for approval this completed form must be provided to the President or Recording Secretary one week prior to the meeting date. Requestors, or representatives of the organization are encouraged to attend the meeting, but it is not mandatory.

All deposits are due prior to the event. Unless otherwise stated by the board the remaining balance will be due within 15 days following the event.

Organizations must provide liability insurance covering all participants and spectators and listing the Cody Shooting Complex as an additional insured. This must be provided and approved prior to any event being placed on the schedule. Please note approval can take up to three weeks.

Organization Name: _____ **Date:** _____

Requestors Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Description of Event: _____

**Please attach additional pages if necessary.*

Venue(s) Requested:

- 5Stand
- Indoor Rimfire Range
- Long/Silhouette Ranges
- NRA Classroom Number of Bays (5 Available) _____
- Pistol Bay
- Plinking Range
- Skeet Number of Fields (3 Available) _____
- Sporting Clays
- Trap Number of Fields (4 Available) _____

Date(s) Requested: _____

Time(s) Requested: _____

Is camping needed for this event? _____ Yes _____ No

Estimated Number of Participants: _____ Estimated Number of Spectators: _____

**Please note you may only have as many participants and spectators as your insurance covers.*

Will youth under the age of 18 be assisting with the event in any manner? _____ Yes _____ No

**Please note no child under the age of 8 may handle firearms on the Cody Shooting Complex grounds.*

Would you like us to publish information on this event on our webpage? _____ Yes _____ No

If yes, please provide the following information:

Online Registration Website/Link (if applicable):

Event Contact Information (If different than Requestors information.):

Name: _____

Phone: _____ Email: _____

**I understand that I must submit the necessary insurance prior to receiving final approval and the event being placed on the schedule. Please note events are added to the schedule on a first approved basis.*

Signature: _____

RANGE USE ONLY

Venue Manager(s) Signature(s):

_____ **Date:** _____

_____ **Date:** _____

_____ **Date:** _____

_____ **Date:** _____

_____ **Date:** _____

Date of Board Review: _____ **Board Approved:** _____ Yes _____ No

Conditions Noted by Board: _____

Date Insurance Approved: _____ **Initials:** _____

Amount Due: _____ **Date Paid:** _____ **Initials:** _____

Date Requestor Contacted: _____ **Initials:** _____