

APPLE VALLEY GUN CLUB EVENT REQUEST

Name of Organization		Web Site	
Point of Contact		Phone Number	
Alt Point of Contact		Phone Number	
Date of Event		Start Time of Event	
# of Attendees		End Time of Event	

Purpose and Scope *(continue on reverse)*

Facility Use Requested	Adobe Clubhouse <input type="checkbox"/>	Pistol Range <input type="checkbox"/>	Archery Range <input type="checkbox"/>
	Trap Classroom <input type="checkbox"/>	Rifle Range <input type="checkbox"/>	Indoor Range <input type="checkbox"/>
		Shotgun Range <input type="checkbox"/>	

Responsible Parties On-Site During the Event

If using the Trap Classroom or Adobe Clubhouse, I would like it set up with: Tables & Chairs Chairs only

The following support (media, staff, targets, etc) from Apple Valley gun Club is requested.

By my signature I signify that I have reviewed the Event Policy of Apple Valley Gun Club and understand that our event must comply with all aspects of the rules of Apple Valley Gun Club. I also understand that we must provide Apple Valley Gun Club with a copy of our liability insurance face sheet naming Apple Valley Gun Club as additional insured, and it must be received 7 days prior to the event. The Liability Certificate of Insurance will have minimum limits of \$1,000,000 per occurrence, \$2,000,000 aggregate.

Signature of the Responsible Party	Date
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Apple Valley Gun Club Review		
Event Committee Recommendation	Approve <input type="checkbox"/>	Disapprove <input type="checkbox"/>
Board of Directors	Approved <input type="checkbox"/>	Disapproved <input type="checkbox"/>
Liability Insurance Received	<input type="checkbox"/>	