

CACHE VALLEY PUBLIC SHOOTING RANGE

Facility Usage Request Form

Request Date: _____

Organization Name: _____
 Contact Name: _____
 Contact Phone: _____ Fax: _____
 Contact Email: _____

Event Date: _____ Start Time: _____ End Time: _____

Please indicate which facilities are being requested.

- | | |
|---|--|
| <input type="checkbox"/> Classroom # 1 | <input type="checkbox"/> 25'-50' Range |
| <input type="checkbox"/> Classroom # 2E | <input type="checkbox"/> 50 yard Range |
| <input type="checkbox"/> Classroom # 2W | <input type="checkbox"/> 100 / 200 / 300 yard Range |
| <input type="checkbox"/> Indoor Archery | <input type="checkbox"/> Outdoor Archery / 100 Meter Range |
| <input type="checkbox"/> Indoor .22 Range | <input type="checkbox"/> Organized Training Range # 1 |
| <input type="checkbox"/> 5 Stand Sporting Clays / Trap Field #1 | <input type="checkbox"/> Organized Training Range # 2 |
| <input type="checkbox"/> Skeet / Trap Field # 2 | <input type="checkbox"/> Organized Training Range # 3 |
| <input type="checkbox"/> Skeet / Trap Field # 3 | <input type="checkbox"/> Organized Training Range # 4 |
| <input type="checkbox"/> Trap Field # 4 | <input type="checkbox"/> Organized Training Range # 5 |

Anticipated Number of Participants: _____

Please list Event Details: _____

Mail or FAX Completed form to:

CVPSR Manager
 2851 W 200 N
 Logan UT 84321
 Fax: 435-787-4695

Any questions please call CVPSR at 435-753-4600

For office use only:

APPROVED:	YES		NO		
DATE ENTERED:				BY:	
FEE PAID:					