**CENTRAL CAROLINA GUN CLUB, INC.**

# **CLUB SHOOT REQUEST FORM**

**Club Information:**

Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

City, State Zip: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

Club Description: Click or tap here to enter text.

**Club Point of Contact:**

Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

City, State Zip: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

**Shoot Information:**

Date: Click or tap to enter a date. Time: Click or tap here to enter text.

Single Event  Reoccurring : Click or tap here to enter text.

Range Requested: Click or tap here to enter text.

Details of Event: Click or tap here to enter text.

# **ADMIN USE ONLY**

|  |  |
| --- | --- |
| Meeting Date: Click or tap to enter a date.  Four-Fifths Vote: Yes  No  Club Insurance on File: Yes  No  Club RSO: Click or tap here to enter text. | Notes: Click or tap here to enter text. |