

**Worland Shooting Complex Event Request
(Encl: 1) Application**

Person or Organization _____

Contact Person: _____ Phone _____

Local Sponsoring Member _____ Phone _____

Range Requested, (Pistol, Rifle, Shotgun?) _____

Event Title _____

Event Date: _____ Time From: _____ To: _____

Any Special needs or Comments, (**attach extra pages if needed**)

IF YOU NEED TO CANCEL OR POSTPONE PLEASE NOTIFY THE WSC BOARD

Safety Officer or Representative:

I _____, representing the above am agreeing to follow all appropriate rules for said event as well as any attached range rules & guidelines.

Local Sponsoring Member:

I _____, representing the Worland Shooting Complex am agreeing to make contact with the above persons and will help assure that all appropriate rules and safety precautions are followed and upheld.

(Board of Directors use only)

Date Received _____ By _____

Board of Directors Approved / Denied

Special instructions or comments (**attach extra pages if needed**)

President or designee _____