

Whittecar Rifle & Pistol Range Special Events Request

Application Date: _____

Name: _____ Phone Number: ____/____/____

Organization: _____

Address: _____ City: _____ State: _____ Zip _____

EVENTS

1) Proposed Date(s) of event: ____/____/____ Alternate Date: ____/____/____

Winter Hrs : ____9am-1pm ____1pm-5pm ____5pm-Dark - Night Shoot - **Winter 9am-5pm (2nd Wednesday November - March)**

Summer Hrs : ____8am-1pm ____1pm-6pm ____6pm-Dark - Night Shoot - **Summer 8am-6pm (1st Wednesday April-November)**

Facility: ____ 200 yd, ____ 300 yd, ____ Rim Fire, ____ Pistol Bay 1, ____ Pistol Bay 2, ____ Open Bay 3

____ Open Bay 4, ____ Open Bay 5, ____ Open Bay 6, ____ Classroom, ____ Scoring Room

Description of Event including number of participants:

2) Proposed Date(s) of event: ____/____/____ Alternate Date: ____/____/____

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