

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 : ____ 8am-1pm ____ 1pm-5pm ____ 5pm-Dark - Night Shoot - Winter 9am-5pm (2nd Wednesday November - March)

Summer Hrs ____ 9am-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: ____/____/____

Winter Hrs : ____ 8am-1pm ____ 1pm-5pm ____ 5pm-Dark - Night Shoot - Winter 9am-5pm (2nd Wednesday November - March)

Summer Hrs ____ 9am-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

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