

Montgomery County Shooting Sports Club Range Reservation Form

Event/Title: _____

Date: _____ Time _____ Num. Attending _____

Areas to reserve: Rifle Pistol Trap Archery Entire Range

Primary Event Contact: _____

Full Address: _____

Phone Number: _____

Email: _____

Food/Drinks** Served: Yes No

If yes, will it be catered, and by whom: _____

Is any person at the event a member of the MCSSC? Yes No

If yes, is the person an RSO with the club? Yes No

Additional information or comments:

*By signing this form, you have read and agreed to abide by the rules and regulations set forth by the Montgomery County Shooting Sports Club, and agree to pay all fees associated with the reservation.

**No alcoholic beverages are allowed on the range at any time.

Signature: _____ Date: _____

Approved **Not Approved** Authorizer Name & Initials: _____