

Tallahassee Rifle And Pistol Club New Event Form

Name of event _____ Date of event _____

Start Time _____ End Time _____

Person in charge _____ Phone # _____

Email _____

Range(s) needed _____ Equipment needed _____

Caliber/Gauge _____ Target type (paper, steel, clay, etc) _____

Name of Insurance Carrier _____

Policy # _____ Policy Expiration Date _____

Fee charged _____

Description of event:

This form must be submitted AND approved by the Board of Directors 30 Days PRIOR to the event.

Tallahassee Rifle & Pistol Club

