



Event Name: _____
Name of Organization: _____
Organization Main #: _____ Fax #: _____
Authorized Representative: _____ Title: _____
Contact #: _____ Alternate Contact #: _____
Mailing Address: _____ City: _____ State: _____ Zip Code: _____
E-mail Address: _____
National or State Affiliation Parent Organization: _____
Total # of Participants: _____ Average Number of Participants per day: _____

Please indicate if any of the following are planned as part of your reservation:
Sales of any kind ___ Ticket sales or admission fees ___ Issuing prizes, purses or ribbons ___
Alcoholic beverage service ___ Food service or concession stand ___ Fundraising ___

CATEGORY OF GROUP: ___ NOT-FOR-PROFIT/COMMUNITY ___ COMMERCIAL ___ VENDOR ___ NDOW

PRIMARY AREA OF USE: ___ ARCHERY ___ TRAP/SKEET ___ SPORTING CLAY ___ EDUCATION CENTER

INSURANCE POLICY CARRIER: _____ POLICY #: _____ EXPIRATION DATE: _____

By signing this registration form, I and the organization I represent, consent to abide by the rules and regulations of the Clark County Shooting Park (CCSC) as attached.

- We will follow all the CCSC rules and regulations including all posted rules.
We understand that the prime priority of CCSC is SAFETY, and agree to conduct our events with the highest standards for safety for our participants and for others.
We will provide trained safety officers to supervise our events, and if our match is sanctioned they will meet qualifications.
We will be responsible for our participants and spectators, and for range safety, for range conditions and cleanliness.
We will be responsible to ensure that the CCSC is left in as clean of condition as when we arrived.
We understand that we must provide temporary toilet facilities for our events that last more than six hours in duration with 50 or more people.
We understand that rental of buildings or any other CCSC event access, which extends beyond normal hours of operations, will be approved only if we agree to hire a licensed security agency for the duration of the event.
We understand that this agreement does not eliminate our liability should an incident occur.
We understand that our responsibility covers our event and when our event is not in progress; our agreement does not allow our participants to continue to use the facilities before or after our event.
We understand that we are responsible for match set up and clean up.
We understand that there is an advanced scheduling procedure and that all reservations and cancellations must be made in writing.
We agree to pay CCSC all applicable fees within 10 working days after each event.
We understand that we must carry our own liability insurance to cover our activities at CCSC, and that the County of Clark will be named in said policy as additional insured.
We acknowledge that we have read and understand the Park Procedures and all posted rules and agree to abide by these.
We understand that non-compliance with this agreement, rules, procedures and instructions from Range Officers, safety violations or late payment of fees will result in loss of privileges to use the CCSC.

Signature: _____ Date: _____

Approval Signature: CCSP Manager _____ Date: _____

In order to send completed PDF via the Send button, Adobe Acrobat will ask you to enter your email server information. If that is not an option, fill out the form, save to your desktop & then attach to an email & send to CCSPRESERVATION@CLARKCOUNTYNV.GOV