



Nevada's **5-Star**
Outdoor Shooting Facility

RESERVATION REQUEST

REGISTERED USER GROUP NAME _____

NAME OF APPLICANT: _____
(Please print, must be authorized name of person who signed User Agreement)

SIGNATURE: _____

PHONE: (W) _____ CELL: _____ FAX: _____

CCSC RESERVES THE RIGHT TO ESTABLISH PRIORITIES
REMEMBER TO CANCEL YOUR RESERVATIONS 30 DAYS IN ADVANCE

EVENT DATE (NOTE 1) (mm/dd/yy)	RANGE REQUEST	TIME START/END	LIGHTS Y/N	OVERNIGHT USE? Y/N	TRAINING ROOM REQUESTED	TIME START/END	EVENT SANCTIONED BY (NOTE 2)

NOTES: (1) Include Set up and Clean up dates if no one can use the training room, range or area because of activity

(2) For Sanctioned event, must be national, international group, NRA, IDPA, ATA, etc.