



## MOHAVE SPORTSMAN CLUB – EVENT REQUEST FORM

Name of Organization: \_\_\_\_\_

Website: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_

# of Attendees \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Purpose & Scope: (continue of reverse): \_\_\_\_\_

Responsible parties on-site during event: \_\_\_\_\_

Facility Use Requested: *(check all that apply)*

<input type="checkbox"/>	Clubhouse	<input type="checkbox"/>	Pistol Range	<input type="checkbox"/>	Shotgun Range
<input type="checkbox"/>	CTC Clubhouse	<input type="checkbox"/>	Rifle Range	<input type="checkbox"/>	Archery Range

The following support (staff, tables, chairs, targets, etc.) from MSC is requested: \_\_\_\_\_

*With my signature, I signify that I have reviewed the Event Policy of MSC and understand that our event must comply with all aspects of the rules of MSC. I also understand that we must provide MSC a copy of our liability insurance face sheet naming MSC as additional insured, and it must be received 7 days prior to the event. The liability certificate of insurance will have the minimum limits of \$1,000,000 per occurrence, \$2,000,000 aggregate.*

Signature of Responsible Party: \_\_\_\_\_

Date: \_\_\_\_\_

For Official Use Only

☐

Approved

☐

Not Approved

By: \_\_\_\_\_

Date: \_\_\_\_\_