

FLUSHING RIFLE AND PISTOL CLUB ACTIVITY REQUEST FORM

(PLEASE PRINT)

ALL INFORMATION IS REQUIRED

NAME OF PROPOSED ACTIVITY: _____

CONTACT INFORMATION FOR ACTIVITY:

NAME _____

PHONE# _____

E-MAIL ADDRESS: _____

CONTACT INFORMATION OF THE PERSON THAT WILL BE PRESENT DURING ACTIVITY:

NAME _____

PHONE# _____

E-MAIL ADDRESS: _____

DESCRIPTION OF ACTIVITY:

CLASSROOM REQUIRMENT (CIRCLE ONE): YES NO

DAY OF THE WEEK: _____ RANGE REQUIRMENT (CIRCLE ONE): 50FT. 75FT. BOTH

ACTIVITY STARTING TIME: _____ ACTIVITY ENDING TIME: _____

IS THIS ACTIVITY A PUBLIC EVENT (CIRCLE ONE): YES NO

DATES AND YEARS OF ACTIVITY:

COST OF ACTIVITY: (MEMBER) _____ (NON MEMBER) _____

DATE APPROVED BY BOARD OF DIRECTORS: _____

DATE RECEIVED BY WEB MASTER: _____

DURATION OF WEB SITE POSTING(DATES):

STARTING _____

ENDING _____