

**EEGC Preliminary Application for Range Use**

*Submission of this form does not guarantee approval. Additional information, documents, interviews, and fees, may be required by the EEGC Board. Attach more sheets if needed. Print clearly.*

1. **Group/Company Name (Legal Entity):** \_\_\_\_\_
2. **Mailing Address:** \_\_\_\_\_
3. **Group/Company Website:** \_\_\_\_\_
4. **Event Director (Responsible/Contact Person):** \_\_\_\_\_
5. **EEGC Member:**  Yes  No
6. **Director's Mailing Address:** \_\_\_\_\_
7. **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_
8. **Directors qualifications (credentials required):** \_\_\_\_\_
9. **Additional Instructors/RSOs/Staff (credentials required):** \_\_\_\_\_  
\_\_\_\_\_
10. **Requested Event Date(s):** \_\_\_\_\_
11. **Start Time (include setup):** \_\_\_\_\_ **End Time (include cleanup):** \_\_\_\_\_
12. **Type of activity this application is for (check all applicable):**
  - Firearm instruction on range
  - Classroom instruction
  - Sanctioned shooting competition. Sanctioned by NRA, CMP, CBA, SCTP, etc. \_\_\_\_\_
  - Non-sanctioned competition, private shoot, party, or fun shoot
  - Other \_\_\_\_\_
13. **Describe Activities (course of fire, firearms, target setup, other equipment):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. **Estimated Attendance:** \_\_\_\_\_
15. **Will Minors Participate?**  Yes  No
16. **Will participants pay a fee to you?**  Yes  No
17. **Will you sell goods/services or serve food?**  Yes  No

**Director's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return completed form to:** eegcinformation@gmail.com Attn. Executive Officer.

Insurance may be required. Download this [sample insurance certificate](#) showing EEGC's minimum insurance requirements.

More information here: <https://www.emeraldempiregunclub.com/range-reservations.html>