

# RESERVATION REQUEST PRELIMINARY INFORMATION

Information on these pages is meant to be preliminary, and in no way does it suggest approval of your request. Additional questions may be needed. Requirements may change before any EEGC Board approval.

Please print clearly. Attach additional pages as necessary.

1. Name of group (legal entity): \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

3. Name of event Director (responsible/contact person): \_\_\_\_\_

4. Director's mailing address: \_\_\_\_\_

5. Director's phone: \_\_\_\_\_ 6. Director's e-mail: \_\_\_\_\_

7. Range/building requested for reservation: \_\_\_\_\_

8. Exact date(s) requested: \_\_\_\_\_

9. Exact start times requested (*include setup time*): \_\_\_\_\_

10. Exact end times requested (*include clean up time*): \_\_\_\_\_

11. Describe the activities that will be conducted, including course of fire, targets settings, equipment, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Firearms and equipment intended for your event: \_\_\_\_\_  
\_\_\_\_\_

13. Sanctioning/certifying/approving authority (NRA, SCTP, etc.): \_\_\_\_\_

14. Will your group sell goods, merchandise, or services at your event? \_\_\_\_\_

15. Estimated number of people attending event: \_\_\_\_\_

16. Number of instructors/Range Safety Officers/staff who will attend: \_\_\_\_\_  
Credentials are required for all instructor and safety personnel.

17. Required minimum insurance certificate: [sample form](#)

Email completed preliminary application to: eegcinformation@gmail.com or mail to:  
Emerald Empire Gun Club  
ATTN: Executive Officer  
P.O. Box 40073  
Eugene, OR 97404-0006

**Website information: <https://www.emeraldempiregunclub.com/scheduling-events.html>**