

# Miamisburg Sportsmen's Club

6300 South Union Road

Miamisburg, OH 45342



## Event Request Form

REQUESTING MEMBER NAME:	Click or tap here to enter text.
MEMBER PHONE:	Click or tap here to enter text.
MEMBER EMAIL:	Click or tap here to enter text.

MEMBER EVENT DIRECTOR:	Click or tap here to enter text.
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EVENT TYPE:	Activity <input type="checkbox"/> Training <input type="checkbox"/> Competition <input type="checkbox"/> Youth <input type="checkbox"/>
EVENT NAME:	Click or tap here to enter text.
EVENT DESCRIPTION:	Click or tap here to enter text.
ORGANIZATION CONDUCTING EVENT:	
DATE(S) /TIME(S) REQUESTED:	Click or tap here to enter text.
RANGES/FACILITIES REQUESTED:	Click or tap here to enter text.

**Is this event a being conducted by a non-Club Organization or Group?**      Yes       No

- **If Yes**, attach to this form the names and contact information of executives for the organization or group conducting the event.
- **Prior to the event, the organization or group must provide proof of insurance naming the Miamisburg Sportsmen's Club as covered by the insurance.**

**Is this a live fire and/or physical training event?**      Yes       No

- **If Yes**, attach to this form the firing plan for each range and date requested.

**Will there be any deviation from the Club Safety Plan?**      Yes       No

- **If Yes**, attach to this form a description of the requested deviation(s), along with how a commensurate level of safety will be maintained.

**Will fees be charged?**      Yes       No

- **If Yes**, how much? Click or tap here to enter text.

**Requesting Member**

**Signature:** \_\_\_\_\_

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