

# MICHIGAN STATE UNIVERSITY

## John & Marnie Demmer Shooting Sports Education & Training Center

### Reservation Form

Part(s) of range requested:


Name of requestor (*club, group, or individual*): \_\_\_\_\_

Reason for request (*match, class, organization, other*): \_\_\_\_\_

Name of match (*if applicable*): \_\_\_\_\_

Match description (*briefly describe*):


Dates requested (*list all dates, including setup and teardown*):


Proposed start time (*include setup*):

\_\_\_\_\_

Proposed finish time (*include teardown*): \_\_\_\_\_

Course of fire (*attach description(s), if necessary, i.e., Archery: 3-D 15 Targets 1 arrow each; or Ballistics Range: 5 Shots Per Target*):


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Shooting discipline (*archery, small bore, air rifle, etc.*): \_\_\_\_\_

Sanctioning authority (*NCAA, 4-H, NASP, WIRC, etc, or none*): \_\_\_\_\_

Match Director or Responsible Individual:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

e-mail: \_\_\_\_\_

**ACKNOWLEDGEMENT**

If approved, the undersigned agrees to comply with the terms of the Demmer Center Shooting Sports, Education and Training Center User's Agreement.

\_\_\_\_\_  
Signature of Requestor Date

Received by:

\_\_\_\_\_  
Range Official Date

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