

Range Reservation Form

Agency: _____

Address: _____

Contact person: _____ **Phone** _____ **email** _____

Firearms Instructor(s) _____

Special Request – any deviation from the Club’s standard Range Rules

Ranges reserved _____

Dates and Times _____

Projected number of participants: _____

Will have target frames _____ **Will purchase frames** _____
number **total cost**

Have gate key _____ **Will need gate to be opened** _____

Certificate listing BVRPC as an additional insured is enclosed _____
is on file _____

(Does not apply to law enforcement or military)

Mail to:
Beaver Valley Rifle and Pistol Club
505 Constitution Blvd.
Beaver Falls, PA 15010