

2020 LVSC Group Event Planner

Requested Date of Event: _____

Group Name: _____

Contact Person: _____

Phone: _____ Email: _____

____ Morning shoot ____ Afternoon Shoot

____ Shooting and Event Room ____ Shooting Only ____ Event Room Only

Estimated number of people? _____

50 or 100 Targets per person? _____

Please circle: Bachelor/ette Party Birthday Party Corporate Event Fundraiser other

Include: (please circle)

Loaner Guns

Ammo (required if using our guns)

Golf Carts

Push Carts

Event Room

Catering

Bringing Own Food/Catering

Eye/Ear Protection

Exclusive Use of the Beginner Course

Instructor(s)

Additional Comments:

Signature

Date