

# Sangre Shooting Sports Club

To Safely Support Shooting Sports

Mail: P.O. Box 1554 Westcliffe, CO 81252

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Web: [www.sangreshooting.com](http://www.sangreshooting.com)

## APPLICATION FOR RANGE USE

The intent of this application is to obtain permission for a shooting event that exceeds the parameters of the SSSC policy regarding invited guests—i.e. more than two active shooting guests per member—or if the request is from a non-member.

This application must be completed, submitted to and approved by the SSSC Board of Directors prior to scheduling the event. As the BOD does not meet on a regularly scheduled basis, the earlier this form is submitted the higher probability it can be reviewed and acted upon before the desired event date.

### PERSON SUBMITTING THE REQUEST

Date of submission:

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Organization:

Name:

Phone:

Email address:

SSSC member?

☐

Yes

☐

No

### PERSON RESPONSIBLE FOR SAFETY

*At least 1 SSSC member and 1 qualified person who is responsible for range safety must be on-site during the entire event. The SSSC member & the RSO can be the same person*

Name:

Phone:

Email address:

SSSC member?

☐

Yes

☐

No

RSO Qualifications

Requested Date /  
Start-Stop Time

Number of Shooters:

Description of  
Planned Activity

Request is:

☐

Approved

☐

Not approved

Comments

SSSC Director Name

Signature

Date:

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