



**Tri-Cities Shooting Association, Inc.**  
P. O. Box 785  
Richland WA 99352

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**\*\*\* REQUEST FOR USE OF RATTLESNAKE MOUNTAIN SHOOTING FACILITY \*\*\***

Thank you for your interest in using the Rattlesnake Mountain Shooting Facility. Please fill out this form as completely as possible and return to the above address.

1. Name of Club or Organization: \_\_\_\_\_
2. Date of desired use: \_\_\_\_\_
3. Specific range desired: \_\_\_\_\_
4. Expected number of people: \_\_\_\_\_
5. What kind of shooting match do you plan? \_\_\_\_\_
6. Will any special services be required? \_\_\_\_\_
7. Do you need any additional facility equipment? \_\_\_\_\_
8. If yes, please name: \_\_\_\_\_

The Tri-Cities Shooting Association must approve all requests for use of the facility. Your club's by-laws, insurance and affiliation must be submitted.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Please print name): \_\_\_\_\_

Club or Organization Title: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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Below this line to be filled in by TCSA

TCSA Approval Date \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_