



**RPSTC**  
**Facility Request**

**REQUEST DATE:**

**TRAINING DATE:**

**REQUEST:**

Handgun Range

Long Gun Range

Burn Tower

Driving Range

**NAME:**

**AGENCY:**

**CONTACT INFO:** *phone #*

*email*

**TYPE OF TRAINING:**

**GROUP INVOLVED:**

**NUMBER:**

*For OCSO use only:*

**MEMBERSHIP CONTRACT:**

 Yes If not:

*Date contract sent:*

*Contract received:*

*Insurance received:*

**FEE:** \$

**PAYMENT DUE:**

**PAYMENT RECEIVED:**

**COMMENTS:**