

Zone 7 Championship Shoot Application

This form is to help the state delegates make an informed decision in the selection of the host club for the Zone 7 championships. Please fill in as much information on the form as you can.

Club/Facility Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Facility Manager / Contact: _____

Day Phone: _____ Evening Phone: _____

Email: _____

Proposed Shoot Dates: _____

(Subject to Delegate Approval)

Facilities / Staff:

Yes	No			
<input type="checkbox"/>	<input type="checkbox"/>	Club House		
<input type="checkbox"/>	<input type="checkbox"/>	Club House Handicap Accessible		
<input type="checkbox"/>	<input type="checkbox"/>	Full Service Restrooms	<input type="checkbox"/>	Showers <input type="checkbox"/>
			<input type="checkbox"/>	Portable Restrooms
<input type="checkbox"/>	<input type="checkbox"/>	Pro Shop (or on-site vendors)	<input type="checkbox"/>	Ammo <input type="checkbox"/>
			<input type="checkbox"/>	Accessories
<input type="checkbox"/>	<input type="checkbox"/>	Paved Road to facility		
<input type="checkbox"/>	<input type="checkbox"/>	Ample Parking	Number of spaces	_____
<input type="checkbox"/>	<input type="checkbox"/>	Accessible by RV		
<input type="checkbox"/>	<input type="checkbox"/>	RV parking	Number of spaces	_____
			<input type="checkbox"/>	Electric <input type="checkbox"/>
			<input type="checkbox"/>	Water <input type="checkbox"/>
			<input type="checkbox"/>	Dry <input type="checkbox"/>
			<input type="checkbox"/>	Tents
			Cost Per Night \$	_____
<input type="checkbox"/>	<input type="checkbox"/>	Course/Trail Golf Cart Accessible		
<input type="checkbox"/>	<input type="checkbox"/>	Course/Trail Handicap Accessible		
<input type="checkbox"/>	<input type="checkbox"/>	Golf Cart Rentals		
<input type="checkbox"/>	<input type="checkbox"/>	Food Available On Site	<input type="checkbox"/>	Breakfast <input type="checkbox"/>
			<input type="checkbox"/>	Lunch <input type="checkbox"/>
			<input type="checkbox"/>	Dinner

Travel / Accommodations:

Nearest City or Large Town _____ Distance: _____

Distance to major airport _____

Distance to nearest hotels / motels _____

Distance to nearest RV park _____

Are there nearby non-shooter attractions for the family?

Please List: _____

Events:

[] **MAIN EVENT**

Maximum # shooters _____ # Courses _____

Concurrently only reduced entry fee: Yes No

Hunter class Yes No

[] **PRELIM**

Maximum # shooters _____ # Courses _____

Concurrently only reduced entry fee: Yes No

[] **5 STAND**

Maximum # shooters _____ # Courses _____

Concurrently only reduced entry fee: Yes No

[] **SUB GAUGE**

Maximum # shooters _____ # Courses _____

Concurrently only reduced entry fee: Yes No

[] **OTHER EVENTS** (describe and duplicate for any additional events)

Maximum # shooters _____ # Courses _____

Concurrently only reduced entry fee available: Yes No

Please include any information you would like to add to explain why your facility is a good candidate for hosting the shoot.

Please return this form to the address below:

Dan Mitchell,
PO Box 9097
Brooks, OR 97305