



Laramie County Shooting Sports Complex

13802 Bullseye Boulevard
Cheyenne, Wyoming 82009
(307) 775-7484
shootingsports@laramiecounty.com

SHOOTING RANGE USE AGREEMENT INSTRUCTIONS

The undersigned hereby makes application for Shooting Lane "rental" at Laramie County Shooting Sports Complex and provides the following information as part of his or her application for use: (PLEASE PRINT CLEARLY)

Primary Range User _____ DOB _____
First Name Last Name Month / Day / Year

Home Address _____
Number and Street City State Zip

Mailing Address (if different) _____
Number and Street City State Zip

Home Phone _____ Work Phone _____ Cell Phone _____ Email address _____

Driver's License # _____ State Issued _____

Minors using the range – all persons under 18 must have adult supervision at all times

First Name	Last Name	Relationship to Primary Range User	Date of Birth
First Name	Last Name	Relationship to Primary Range User	Date of Birth
First Name	Last Name	Relationship to Primary Range User	Date of Birth
First Name	Last Name	Relationship to Primary Range User	Date of Birth
First Name	Last Name	Relationship to Primary Range User	Date of Birth

EMERGENCY CONTACTS (optional)

First Name	Last Name	Relationship
Daytime Phone		Evening Phone
First Name	Last Name	Relationship
Daytime Phone		Evening Phone

Are you a United States Citizen or Lawful Permanent Resident? ☐ Yes ☐ No

Have you ever been convicted of any felony crime, or a misdemeanor crime of domestic violence? ☐ Yes ☐ No

Are you ineligible for any reason to possess or use a firearm or ammunition? ☐ Yes ☐ No

Do you have a Concealed Firearm Permit? ☐ Yes ☐ No If yes: Number _____ State _____ Expiration Date _____

Have you ever been in the military or law enforcement? ☐ Yes ☐ No If yes: Branch/PD _____ Date _____

Are you retired from law enforcement or the military? ☐ Yes ☐ No If yes: Branch/PD _____ Date retired _____

How did you hear about us? ☐ Newspaper ☐ Radio ☐ Drive By/Signage ☐ Mail/Flyer ☐ Internet search ☐ Website ☐ Referral

Which of the following services interests you? ☐ Handguns ☐ Rifles ☐ Shotguns ☐ Archery ☐ Training/Instruction ☐ Competition

Have you completed any firearms instructional programs? ☐ Yes ☐ No If yes, which ones? _____

LANE RENTAL FEE

- | | |
|---|---------|
| <input type="checkbox"/> One Hour (county resident) | \$10.00 |
| <input type="checkbox"/> Four Hours (county Resident) | \$20.00 |
| <input type="checkbox"/> One Hour (non-county resident) | \$15.00 |
| <input type="checkbox"/> Four Hours (non-county Resident) | \$25.00 |

LANE RENTAL AREA

Range # _____ Lane # _____

RANGE USE ACCEPTANCE AND AGREEMENT

By executing this Range Use Application below, the undersigned acknowledges receipt of the attached Terms and Conditions of Day Use which can also be found at <http://www.laramiecounty.com>. The undersigned agrees to be fully bound by the terms thereof, as amended from time to time by LCSSC. The undersigned acknowledges and agrees that LCSSC reserves the right to change the Terms and Conditions of Range Use and all benefits and amenities associated therewith at any time. The undersigned hereby authorizes the disclosure and release of information to LCSSC for the purpose of investigating the undersigned's qualifications for Range Use and agrees that any third party may rely on this release. In the event of a breach of the Terms and Conditions of Range Use by the undersigned, his or her guests, or his or her family members (if sharing lane rental), the Range Use may be terminated by LCSSC, and the Range Use Fee and any prepaid fees shall not be refunded. THE UNDERSIGNED AGREES TO RELEASE AND INDEMNIFY LCSSC AS SET FORTH IN THE TERMS AND CONDITION OF MEMBERSHIP.

Primary Member _____ Date _____



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RANGE USE PAYMENT RECORD

Primary Range User _____
First Name Last Name

Home Address _____
Number and Street City State Zip

PAYMENT SUMMARY

Lane Rental 1 Hour \$ _____

Lane Rental 4 Hour \$ _____

Total Range Use Payment \$ _____

METHOD OF PAYMENT

☐ Cash

☐ Check # _____

Primary Range User	Verified	Date
<input type="checkbox"/> Copy of Drivers License	By: _____	Date: _____
<input type="checkbox"/> Lane Rental Fee Received	By: _____	Date: _____
<input type="checkbox"/> Range Orientation completed	By: _____	Date: _____

Family Member Name: _____ E-mail: _____	Verified	Date
<input type="checkbox"/> Copy of Drivers License	By: _____	Date: _____
<input type="checkbox"/> Range Orientation completed	By: _____	Date: _____

Family Member Name: _____ E-mail: _____	Verified	Date
<input type="checkbox"/> Copy of Drivers License	By: _____	Date: _____
<input type="checkbox"/> Range Orientation completed	By: _____	Date: _____

Family Member Name: _____ E-mail: _____	Verified	Date
<input type="checkbox"/> Copy of Drivers License	By: _____	Date: _____
<input type="checkbox"/> Range Orientation completed	By: _____	Date: _____