

Country Pond Fish & Game Club, Inc.

82 Pond St PO Box 124 Newton, NH 03858
603-352-5681 603-382-0062 www.cpfgc.com
A National Rifle Association Affiliated Organization



New Club Activity/Event Application

(All spaces must be filled in LEGIBLY. If any space is not applicable, please enter "N/A".)

ACTIVITY/EVENT NAME: _____

CLUB CONTACTS

PRIMARY: _____ CPF&G MEMBER #: _____

ALTERNATE: _____ CPF&G MEMBER #: _____

REQUESTED START DATE: _____ ANTICIPATED END DATE: _____

WILL THE EVENT BE EXTENDED TO MAKE UP DATES LOST DUE TO WEATHER, POWER OUTAGE, ETC? _____ NO _____ YES

SCHEDULED DATES AND TIMES: _____

THIS ACTIVITY WILL BE (CHECK ONE) _____ OPEN TO THE PUBLIC _____ CPF&G CLUB MEMBERS ONLY _____ A SPECIFIC GOUP
(A CPF&G Club Liability Waiver must be signed by each non-member participating at each session.)

ESTIMATED NUMBER OF CPF&G CLUB MEMBERS WHO WILL PARTICIPATE AT EACH SESSION: _____

CLUB IMPACT (Range Closures Required, Kitchen Facilities Required, etc): _____

WILL THE EVENT REQUIRE USE OF THE CLUB KITCHEN? _____ NO _____ YES
(If Kitchen Facilities are needed, this application must be approved and signed below by the Kitchen Mgr.)

KITCHEN MGR: _____ DATE: _____

_____ APPROVED _____ DENIED REASON: _____

WILL THE CLUB INCUR ANY COST FOR THIS ACTIVITY? NO _____ YES _____

IF "YES", PLEASE EXPLAIN: _____

DUES AND/OR FEES TO PARTICIPATE IN THE EVENT: _____

COLLECTED DUES AND/OR FEES WILL BE USED FOR: _____

WILL THE CLUB RECEIVE ANY PROCEEDS FROM THIS ACTIVITY? NO _____ YES _____

PLEASE EXPLAIN (INCLUDE ANTICIPATED AMOUNTS): _____

OTHER INFORMATION TO CONSIDER: _____

NUMBER OF PEOPLE REQUIRED TO RUN EVENT _____ NUMBER OF PEOPLE **ALREADY COMMITTED** TO THE TASK _____
(To obtain BOD approval, the number of people committed must be equal to or greater than the number required.)

NAMES: _____

If your activity involves the use of any firearms, please obtain the Chief Range Officer's approval before submitting this application to the Board of Directors. Failure to do so will only incur a delay, as the BOD will require the Chief Range Officer's review before acting.

CHIEF RANGE OFFICER: _____ DATE: _____

_____ APPROVED _____ DENIED RECOMMENDATIONS: _____

PRINT YOUR NAME: _____ CPF&G MEMBER #: _____

SIGNATURE: _____ DATE: _____

APPROVED **DENIED**

FOR BOARD OF DIRECTORS: _____ DATE: _____

RECOMMENDATIONS AND/OR RESTRICTIONS: _____