

Kodiak Island Sportsman's Association Match Request

Event:

Open to:

Location:

Date(s):

Time(s):

Cost:

Course of Fire:

Firearms recommended:

Prizes:

Additional information:

Range Officer:

Safety Officer #1:

Safety Officer #2:

Match Director:

Contact Person:

CRO Approved _____

Disapproved _____

Total cost to have event: Advertising, targets, etc.

Total gross from match