



West Michigan Archery Center
3500 10 Mile Road
Rockford, MI 49341

Facility Rental Request

Organization: _____

Contact Person: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Mobile Phone: _____

Event Name: _____

Event Type: _____

Facilities Requested:

- | | | |
|---|---|---|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Indoor Range | <input type="checkbox"/> Concessions |
| <input type="checkbox"/> Outdoor East Range | <input type="checkbox"/> Outdoor West Range | <input type="checkbox"/> Outdoor 3D Range |

Event Date(s): _____ Estimated Attendance: _____

Start Time: _____ End Time: _____

Tournament Shooting Times: _____

Day 1: _____ Day 2: _____ Day 3: _____

Tournament Organization Affiliation _____

- | | | |
|--|-------------------------------------|---|
| Judges: # _____ | <input type="checkbox"/> Pencils | Coaches: # _____ |
| <input type="checkbox"/> Scorecards | <input type="checkbox"/> Clipboards | <input type="checkbox"/> Bows/Arrows/Arm guards/Finger Tabs |
| <input type="checkbox"/> Targets Type: _____ | Size: _____ | <input type="checkbox"/> 3D Targets #: _____ |

This form is intended to request consideration for WMAC to host an event or tournament. This information will be used to:

- Determine if, and when, the tournament would take place (no tournament is guaranteed, and there are a variety of tournament considerations, including schedule and facility availability).
- Determine arrangements for all components of the tournament.
- Provide information for proper communication about the event so that the tournament can be properly promoted, and so that questions about the event can be addressed.

Pending the review of the request, you will be contacted with specific details regarding the plan for the tournament.

For WMAC Staff Use:	
Date Received:	Approved by:
Date Approved:	Rental Fee: