

CAPITAL NAMING APPLICATION



Laramie County Shooting Sports Complex
13802 Bullseye Boulevard
Cheyenne, Wyoming 82009
(307) 775-7484
shootingsports@laramiecounty.com

Please Type or Print Legibly

Date of Application: _____

APPLICANT SECTION

1. Name/company of Applicant: _____

2. Contact Information: (name, address, phone number, email):

3. Amount of funds: _____.
Is this a "feature" or "event"? _____ Is Feature constructed? ____yes, ____no.
If event, is it local/state? ____yes, ____no.
Regional/national/International? ____yes, ____no.

4. Description of desired building, improvement, facility, feature, fixture, site () or event () for Capital Naming Program:

5. Name to be applied to selected feature/event:
_____.

6. Is name to be used copyrighted? ____yes ____ no.
If YES, who is legal owner of copyright? _____

DEPARTMENT SECTION

1. Is Applicant's request compatible with NRS and County Ordinance and Resolutions?
____yes ____no.

2. Recommendation: _____approve _____ disapprove (attach recommendation for approval, or justification for denial).

AGREEMENT

I (full name, printed) _____ agree to this Capital Naming Application between the named party and the Laramie County Shooting Sports Complex, in exchange for \$_____ in funds to be used for the development of _____, which will be named _____. It is hereby acknowledged and understood that capital naming funds are not refundable in whole or in part. It is further understood and agreed that the Laramie County Shooting Sports Complex's policy and standards, in display and use of the name on the feature, and in future advertising, marketing and informational items shall be adhered to, and the named party hereby transfers copyright authority for said purposes. If approved by the Laramie County Board of County Commissioners, this Capital Naming Program is valid for the period of _____ to _____.

Application date _____

Signature: LCSSC Manager

Signature for: Corporation/Agency