



# 2017 National Matches Competitor Discount Program

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Email: \_\_\_\_\_

## Competitor Discount Program

I will extend a  5%  10%  other (please specify below):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Short Description of Business

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Date**

**RETURN FORM BEFORE WEDNESDAY, JUNE 7th TO:**

Civilian Marksmanship Program  
Attn: Jessica Lipstraw  
PO Box 576  
Port Clinton, Ohio 43452  
Fax (419) 635-2573  
Email: info@thecmp.org