

2019 CMP 4 MAN TEAM

JULY 23RD (KTS)

TEAM ENTRY FORM

Team Name: _____

Contact Person for Team: _____

Email: _____ Cell #: _____

Address: _____

City: _____ State: _____ Zip: _____

Complete this form for each TEAM.

_____ Jr. Team Match \$40.00

_____ Adult Team Match \$60.00

Please pick one

SERVICE RIFLE _____ MATCH RIFLE _____

Please contact Vera if you have any questions.

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