



# Clinic Report Form



Instructions: Sponsors of CMP-sanctioned clinics or clinics with matches are required by CMP rules to complete and return this form and the scorecards for all competitors in a sanctioned match within seven days following the completion of the event.

Sponsoring Club & CMP Club Number:		Location of Clinic or Clinic with Match:	
Date of Clinic or Clinic with Match:		Type of Event (check one): <input type="checkbox"/> Clinic <input type="checkbox"/> Clinic with Match	
Contact person for match:			
Address:			
City:		State:	Zip Code:
Phone (day):		Email:	
<b>Number of Competitors in Sanctioned Clinic Match:</b> John C. Garand Match    ___ total, ___ No. of Juniors Springfield Rifle Match    ___ total, ___ No. of Juniors Vintage Military Rifle    ___ total, ___ No. of Juniors M1 Carbine    ___ total, ___ No. of Juniors Unlimited Garand    ___ total, ___ No. of Juniors Modern Military    ___ total, ___ No. of Juniors		<b>Sanctioned Clinic Report:</b> ___ No. of adults participants  ___ No. of junior participants	
___ Number of New Shooters (competitor who has never attended your club before)			
<b>Ammunition Report (complete if ammunition was purchased for this event)</b>			
	.30 cal M2 Ball		Carbine .30 Cal
Balance on hand from previous events			
Amount purchased for this event			
Amount used for this event			
New balance on hand for future events			
Do you have any recommendations or suggestions that can make future CMP-sanctioned matches or clinics better?			
<i>Cancelled events--complete only if applicable: If your organization finds it necessary to cancel this sanctioned event, please complete the top five lines on this form and provide a brief explanation regarding why the event was cancelled in this box. If a sanctioned event is cancelled, please complete and submit this form as soon as you know it is cancelled so that it can be removed from the CMP Upcoming Events listing.</i>			

The CMP thanks you and your club/organization for sponsoring this CMP-sanctioned match or clinic. Please return this form and all competitor scorecards to:

**CMP, Attn: CMP Clinics/Sanctioned Matches, P. O. Box 576, Port Clinton, Ohio 43452**