



TM

Garand/Springfield/Vintage/Modern Military Match Application

Please complete the information below and return this form to the CMP Competitions Department for approval. For more information, contact (419) 635-2141 Ext. 706 or kfilipiak@thecmp.org.

Club or State Association: _____

Club Number: _____ Date of Application: _____

Type of Event to Be Sanctioned (Circle all that Apply): Sanctioned Match Re-Entry Match

Type of Rifles to be Fired (Check all that apply):

- Garand Springfield Vintage Military M1 Carbine Unlimited Garand Modern Military
- Garand Re-Entry Springfield Re-Entry Vintage Military Re-Entry

Date(s) of match: _____

Location of match (city and state): _____

Check here if you would like surrounding clubs/states to be notified about your match.

Number of participants expected: _____ Number of firing points on range: _____

Course of fire to be used (Course A 30 shot or Course B 50 shot): _____

Courses of fire for Garand, Springfield, Vintage Military, Modern Military and M1 Carbine Rifle Matches are listed in the current edition of the **CMP Competition Rules**.

Event Contact Person: Please list the person who will be the contact for competitors or clinic participants; please provide telephone # and email address that can be used in the CMP web site announcement, which is open to the public.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ E-Mail: _____

Club Web Site (if available) _____

Mail Packet to: _____

Address for mailing packet (NO PO BOX): _____

City: _____ State: _____ Zip: _____

Match Supplies. Sponsors of CMP-sanctioned matches are eligible to request or purchase supplies and ammunition that is for use in the match. **Please complete the information below to request or order supplies or ammunition required for your match.**

<p>SCORECARDS: The CMP provides scorecards for use in sanctioned matches. Scorecards must be returned to the CMP after the match. Please indicate the type and number of scorecards requested.</p>	<p>G-S-M-M Course A (30 record shots) (#) _____ G-S-M-M Course B (50 record shots) (#) _____ M1 Carbine (40 record shots) (#) _____</p>	
<p>AMMUNITION: Check to indicate if you would like ammo support. The CMP will notify you regarding the amount and total cost of the ammunition that may be purchased for your event. THE COST PER ROUND AND THE NUMBER OF ROUNDS MAY CHANGE WITHOUT NOTICE</p>	<p>___ Request ammo support. An ammo allocation form will be sent with the amount and cost of ammo you may purchase.</p> <p>___ No ammunition support requested</p>	
<p>CERTIFICATES: CMP certificates are available to award to all participants who complete a match or a clinic with a range firing activity. Please estimate the number of certificates required.</p>	<p>___ Certificates of Achievement requested (Certificates are free of charge)</p>	
<p>ECIs (Empty Chamber Indicators): CMP Rules now require the use of ECIs in sanctioned rifle events. Event sponsors may order ECIs from CMP at a cost of \$4.99 for 12 ECIs. Taxable Item AL/OH Clubs Only</p>	<p>___ ECIs (Empty Chamber Indicators) ordered (NLU #244, order 12-24-36-48, etc.)</p>	
<p>ACHIEVEMENT PINS: Match sponsors may order CMP Achievement Pins for presentation or sale to competitors who fire achievement award scores that are given in the CMP Competition Rules. Please give the number of each type of pin requested.</p> <p>Taxable Item AL/OH Clubs Only</p>	<p>John C. Garand Pins, \$1.25 each ___ Gold ___ Silver ___ Bronze Springfield Rifle Pins, \$1.25 each ___ Gold ___ Silver ___ Bronze Vintage Military Rifle, \$1.25 each ___ Gold ___ Silver ___ Bronze M1 Carbine Pins, \$1.25 each ___ Gold ___ Silver ___ Bronze Modern Military Pins, \$1.25 each ___ Gold ___ Silver ___ Bronze</p>	
Shipping & Handling Fee:		\$6.95
PAYMENT INFORMATION:	CMP Match and Clinic Sanctioning Fee (per day):	\$20.00
Please send check (include CMP Club Number) or provide Credit Card information	Total pins ordered: _____ X \$1.25 each =	
	Total ECIs ordered: _____ units of 12 x \$5.24 =	
	OH Clubs Only Add 7% Tax AL Clubs Only Add 4% Tax (Anniston Only Club Add 10% Tax)	
TOTAL		
Credit Card: Visa Master Card Discover American Express	Card Number: _____	CVV2 #: _____ (3 digit code on back of card)
Expiration: _____	Card holder name: _____	
Card holder signature: _____		
<p>Mail or fax completed Application Form with fees and a copy of the event program to: CMP, Attn: CMP Clinics/Sanctioned Matches, P. O. Box 576, Port Clinton, Ohio 43452 Fax (419) 635-2573</p>		