



Application to Conduct a CMP M1A Match

Name of Sponsoring Organization:	Date of Match:
CMP Club Number:	Location of Range:
Contact Name:	
Contact Mailing Address (No PO Box):	
Contact Phone Number:	Contact Email Address:
Club Website (if available):	

The event contact person's name, phone number and email address will be listed on the CMP Competition Tracker website in the match information.

SCORECARDS: The CMP provides scorecards for use in sanctioned matches. Scorecards must be returned to the CMP after the match. Please indicate the number of scorecards requested. (#) _____

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

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. (#) _____

CMP Sales Website: http://thecmp.org/cmp_sales/

PAYMENT INFORMATION:	CMP Match and Clinic Sanctioning Fee:	\$20.00		
	Shipping & Handling Fee:	\$6.95		
Please send check (include CMP Club Number) or provide Credit Card information Total amount remitted:				
Credit Card:	Visa	Discover	Master Card	American Express
Card Number:				
Expiration:	CVV2 #:	(3 digit code on back of card)		
Card holder name:	Card holder signature:			
Mail or fax completed Application Form with fees and a copy of the event program to: CMP COMPETITIONS DEPARTMENT, P.O. BOX 576, PORT CLINTON, OH 43452 FAX (419) 635-2573				