



CMP National Rifle/Pistol Matches Support Team Form



If you would like to be a member of Support Team during the National Matches, please fill out each line of this form.

CLICK BUTTON TO RIGHT TO PRINT FORM

FIRST NAME: _____ LAST NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

CMP COMPETITION #: _____ SHIRT SIZE: _____

EXPERIENCE:

Do you have any experience working the firing line or in the pits? If yes, please tell us which you have worked, for what event(s), when (year or years) and your duties.

CERTIFICATIONS: _____

COMPETITION PAST:

Have you competed in CMP National Match or Games events before?

☐ Yes** ☐ No

***If yes, in which match(es)?*

CURRENT COMPETITION:

Will you be participating in any events during this year's Nationals?

☐ Yes** ☐ No

**If yes, in which event(s) will you be participating? Please name the event(s) and event date(s).

SUPPORT STAFF DAYS:

On which day(s) can you help?

Pistol	Smallbore July 17-24	Cup Matches July 23-25	HP/Games July 26-Aug 5
<input type="checkbox"/> July 13	<input type="checkbox"/> July 16 <input type="checkbox"/> July 17 <input type="checkbox"/> July 18 <input type="checkbox"/> July 19 <input type="checkbox"/> July 20	<input type="checkbox"/> July 21 <input type="checkbox"/> July 22 <input type="checkbox"/> July 23	
<input type="checkbox"/> July 14	<input type="checkbox"/> July 24 <input type="checkbox"/> July 25 <input type="checkbox"/> July 26 <input type="checkbox"/> July 27 <input type="checkbox"/> July 28	<input type="checkbox"/> July 29 <input type="checkbox"/> July 30 <input type="checkbox"/> July 31	
<input type="checkbox"/> Aug 1 <input type="checkbox"/> Aug 2 <input type="checkbox"/> Aug 3 <input type="checkbox"/> Aug 4	<input type="checkbox"/> Aug 5 <input type="checkbox"/> Aug 6 <input type="checkbox"/> Aug 7 <input type="checkbox"/> Aug 8 <input type="checkbox"/> Aug 9	Long Range Aug 5-9	

HOUSING:

Will you require housing as you serve as Support Team?

☐ Yes** ☐ No

**If yes, please list any others who may be staying with you.

Special requests?

By signing below, I certify that I am not prohibited by any federal, state or local law ordinances or regulations from possessing, purchasing, using or owning firearms/ammunition. I also validate that the information provided on this form is true to the best of my knowledge.

SIGNATURE: _____

DATE: _____

Print name here: _____

DATE: _____

****NOTE: Support Team training days will be provided the day before events start.**

When completed, please return this form to P.O. Box 576, Port Clinton, OH, 43452, Attn: Vera Snyder.
You may also email the form to volunteer@thecmp.org.

Thank you for signing up to be a CMP Support Team! We appreciate your time and effort in helping us provide the safest and finest experience possible for all of our competitors and guests.

If you have any questions about being a CMP Support Team, please contact Vera: vsnyder@thecmp.org or 419-635-2141 ext. 782.
During the National Matches, you may also visit In Processing (located in the Building 3 Armory) if you're in need of assistance.

We hope you have a fun and memorable experience!