

## 2019 National Rimfire Sporter Match

To enter the 2019 National Rimfire Sporter Match, complete this form or enter online at [www.TheCMP.org](http://www.TheCMP.org).

Last Name:	First Name:	MI	Gender
Address: <span style="float: right;"><input type="checkbox"/> Check here if you recently moved</span>			
City:	State:	Zip	
Phone:	Email:		
Date of Birth: (mm/dd/yyyy)	CMP Competitor Num.: (Leave blank if unknown):		
EVENT REGISTRATION: Please indicate which events you wish to participate in.		<b>Adult Fee</b>	<b>Junior Fee</b>
<input type="checkbox"/> Rimfire Sporter Match One Event Entry, 21 July Please select One Relay time: <input type="checkbox"/> Relay 1, 8:30 AM - 10:15 AM <input type="checkbox"/> Relay 2, 10:30 AM -12:15 AM <input type="checkbox"/> Relay 3, 12:30 PM -2:15 PM <input type="checkbox"/> Relay 4, 2:30 PM -4:15 PM		\$35	\$10
<input type="checkbox"/> Rimfire Sporter Match Two Event Entries, 21 July Please select Two Relay times: <input type="checkbox"/> Relay 1, 8:30 AM - 10:15 AM <input type="checkbox"/> Relay 2, 10:30 AM -12:15 AM <input type="checkbox"/> Relay 3, 12:30 PM -2:15 PM <input type="checkbox"/> Relay 4, 2:30 PM -4:15 PM		\$45	\$15
TOTAL ENTRY FEES:			
Category <input type="checkbox"/> Civilian <input type="checkbox"/> Service		Indicate Civilian or Service status--must select one.	
Junior Status – <u>Junior Competitors Only</u> must select one.		<input type="checkbox"/> Junior 4H-Member <input type="checkbox"/> Junior Non-4H Member	
Rifle Class 1 <sup>st</sup> Entry		<input type="checkbox"/> O-Class <input type="checkbox"/> T-Class <input type="checkbox"/> Tactical Class	
Rifle Class 2 <sup>nd</sup> Entry		<input type="checkbox"/> O-Class <input type="checkbox"/> T-Class <input type="checkbox"/> Tactical Class	
Rifle Make and Model T-Class: _____			
Rifle Make and Model O-Class: _____			
Rifle Make and Model Tactical Class: _____			
T-Shirt Size (Circle One):   S    M    L    XL    2XL    3XL			
Make checks payable to CMP. Payment may also be made by credit card - please provide the following information:			
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express			
Number:		Exp:	CVV2#:
Name of Card Holder:		Signature:	
Address of Card Holder:			
For questions contact CMP Competitions, 419-635-2141, ext. 782, <a href="mailto:vsnyder@thecmp.org">vsnyder@thecmp.org</a> . Mail your completed entry form and fees to: CMP, National Matches PO Box 576 Port Clinton, OH 43452			