

2018 National Rimfire Sporter Match

To enter the 2018 National Rimfire Sporter Match, complete this form or enter online at www.TheCMP.org.

CMP Competitor Num.: (Leave blank if unknown):		Military Rank if Service: (Please give rank, not pay grade):	
Last Name:		First Name:	MI Suffix
Address: <input type="checkbox"/> Check here if you recently moved			
City:		State:	Zip
Phone:		Email:	
Date of Birth: (mm/dd/yyyy)		Gender:	
EVENT REGISTRATION: Please indicate which events you wish to participate in.		Adult Fee	Junior Fee
<input type="checkbox"/> Rimfire Sporter Match One Event Entry, 22 July Please select One Relay time: <input type="checkbox"/> Relay 1, 8:00 AM - 9:45 AM <input type="checkbox"/> Relay 2, 10:00 AM -11:45 AM <input type="checkbox"/> Relay 3, 12:00 PM -1:45 PM <input type="checkbox"/> Relay 4, 2:00 PM -3:45 PM		\$35	\$10
<input type="checkbox"/> Rimfire Sporter Match Two Event Entries, 22 July Please select Two Relay times: <input type="checkbox"/> Relay 1, 8:00 AM - 9:45 AM <input type="checkbox"/> Relay 2, 10:00 AM -11:45 AM <input type="checkbox"/> Relay 3, 12:00 PM -1:45 PM <input type="checkbox"/> Relay 4, 2:00 PM -3:45 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 st Entry		<input type="checkbox"/> O-Class <input type="checkbox"/> T-Class <input type="checkbox"/> Tactical Class	
Rifle Class 2 nd 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, vsnyder@thecmp.org . Mail your completed entry form and fees to: CMP, National Matches PO Box 576 Port Clinton, OH 43452			