



Rimfire Match and Clinic 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 one only):

Sanctioned Clinic Sanctioned Match Sanctioned Match with Re-Entries

Sanctioned Clinic with Match Sanctioned Clinic with match (allowing re-entries)

Clinic will have a GSM CMP-Certified Master Instructor (Name): _____

Number of GSM Student Guides(CMP-Certified Master Instructors Only)_____ (Additional\$5.00S/H)

Type of Rifles to be Fired (Circle all that apply): O-Class T-Class Tactical Class

Date(s) of match or clinic: _____

Location of match or clinic (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:** _____

The Rimfire Sporter course of fire is listed in the current edition of the ***CMP Guide to Rimfire Sporter.***

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:** _____

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

<p>SCORECARDS: The CMP provides scorecards for use in sanctioned matches. Scorecards, less the tear-off portions, must be returned to the CMP after the match. Please indicate the type and number of scorecards requested.</p>	<p>Rimfire Sporter (60 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. .22 CMP ELEY Standard Velocity 5000rds per case Is available as of 3/15/2018</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 \$5.24 for 12 ECIs. TAXABLE ITEM 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 Rimfire Sporter Guide. Please give the number of each type of pin requested. TAXABLE ITEM AL/OH CLUBS ONLY</p>	<p>Rimfire Sporter Pins, \$1.25 each _____ Gold _____ Silver _____ Bronze</p>	
<p>Shipping & Handling Fee:</p>		<p>\$6.95</p>
<p>PAYMENT INFORMATION:</p>	<p>CMP Match & Clinic Sanctioning Fee Per Day:</p>	<p>\$20.00</p>
<p>Please send check (include CMP Club Number) or provide Credit Card information</p>	<p>Total pins ordered: _____ X \$1.25 each =</p>	
	<p>Total ECIs ordered: _____ units of 12 x \$5.24 =</p>	
	<p>Ohio Clubs Only Add 7%Tax Alabama Clubs Only Add 4%Tax (Anniston Only Clubs Add 10%Tax) Ship GSM Student Guides Additional \$5.00 S/H</p>	
<p>Total amount remitted:</p>		
<p>Credit Card: Visa Master Card Discover American Express</p>	<p>Card Number:</p>	<p>Expiration: CVV2 #: (3 digit code on back of card)</p>
<p>Card holder name:</p>	<p>Card holder signature:</p>	
<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>		