



## Clinic Report Form

Instructions: Sponsors of CMP-sanctioned clinics or clinics with matches are required by CMP rules to complete and return this form and the scorecards for all competitors in a sanctioned match within seven days following the completion of the event.

Sponsoring Club & CMP Club Number:		Location of Clinic or Clinic with Match:	
Date of Clinic or Clinic with Match:		Type of Event (check one): <input type="checkbox"/> Clinic <input type="checkbox"/> Clinic with Match	
Contact person for match:			
Address:			
City:		State:	Zip Code:
Phone (day):		Email:	
<b>Number of Competitors in Sanctioned Match: Each Rifle, Re-Entries, Juniors &amp; New Shooters</b>			
John C. Garand Match    _____ total, _____ Re-Entries, _____ Juniors    _____ New Shooters Springfield Rifle Match    _____ total, _____ Re-Entries, _____ Juniors    _____ New Shooters Vintage Military Rifle    _____ total, _____ Re-Entries, _____ Juniors    _____ New Shooters M1 Carbine    _____ total, _____ Re-Entries, _____ Juniors    _____ New Shooters Unlimited Garand    _____ total, _____ Re-Entries, _____ Juniors    _____ New Shooters Modern Military    _____ total, _____ Re-Entries, _____ Juniors    _____ New Shooters Unlimited Modern Military    _____ total, _____ Re-Entries, _____ Juniors    _____ New Shooters			
<b>Sanctioned Clinic Report:</b> _____ No. of adults participants    _____ No. of junior participants			
Do you have any recommendations or suggestions that can make future CMP-sanctioned matches or clinics better?			
<i>Cancelled events--complete only if applicable: If your organization finds it necessary to cancel this sanctioned event, please complete the top five lines on this form and provide a brief explanation regarding why the event was cancelled in this box. If a sanctioned event is cancelled, please complete and submit this form as soon as you know it is cancelled so that it can be removed from the CMP Upcoming Events listing.</i>			

The CMP thanks you and your club/organization for sponsoring this CMP-sanctioned match or clinic. Please return this form and all competitor scorecards to:

**CMP**

**Attn: CMP Clinics/Sanctioned Matches, P. O. Box 576, Port Clinton, Ohio 43452**