



CMP National Rifle/Pistol Matches

Returning Support Team Form



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

FIRST NAME: _____ LAST NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

CMP COMPETITION #: _____ SHIRT SIZE: _____

PAST SUPPORT TEAM EXPERIENCE:

Please check all boxes that are applicable.

PISTOL	SMALLBORE	RIMFIRE	RIFLE	LONG RANGE	AIR GUN RANGE
Line <input type="checkbox"/>	Line <input type="checkbox"/>	Line <input type="checkbox"/>	Line <input type="checkbox"/>	Line <input type="checkbox"/>	<input type="checkbox"/>
Tower <input type="checkbox"/>	Tower <input type="checkbox"/>	Tower <input type="checkbox"/>	Tower <input type="checkbox"/>	Tower <input type="checkbox"/>	• Range Safety Officer
	Scoring <input type="checkbox"/>	Scoring <input type="checkbox"/>	Pits <input type="checkbox"/>	Pits <input type="checkbox"/>	• Issuing Equipment
					• Filling Air Cylinders Etc.

How many years have you helped at the National Matches? _____

ARRIVAL DATE: _____ DEPARTURE DATE: _____

Please select the dates that you are interested in for 2021:

Pistol (July 12 -18) OR AIR GUN
 July 12 July 13 July 14 July 15 July 16 July 17 July 18

Smallbore (July 20-28) OR AIR GUN
 July 20 July 21 July 22 July 23 July 24 July 25 July 26
 July 27 July 28

Rimfire (July 25) OR AIR GUN
 July 25

NATIONAL CHAMPIONSHIP- (KTS) Targets (July 26 -29) OR AIR GUN
 July 26 July 27 July 28 July 29

Rifle (July 31- Aug. 9) OR AIR GUN
 July 31 Aug. 1 Aug. 2 Aug. 3 Aug. 4 Aug. 5 Aug. 6 Aug. 7 Aug. 8
 Aug. 9

Long Range (Aug. 10-14) OR AIR GUN
 Aug. 10 Aug. 11 Aug. 12 Aug. 13 Aug. 14

LEVEL II TRAINING:

Which Level II Range Officer course would you like to attend?

Highpower Rifle Pistol Smallbore/Rimfire Sporter Rifle

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).**

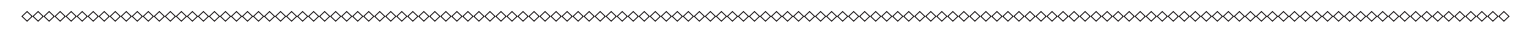
HOUSING:

Will you require housing as you serve as a member of our Support Team?

**Yes No

**** If yes, please list any others who may be staying with you. Do you have any special requests?**

**** NOTE: Individuals will be responsible for housing cost on days when not serving as a Support Team member.**



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 announced after applications are processed.**

Thank you for signing up to be a CMP Support Team member! 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 member, please contact Vera: vsnyder@thecmp.org or 419-635-2141 ext. 782. We hope you have a fun and memorable experience!