



Civilian Marksmanship Program



National Matches

Junior Highpower Support Program

APPLICATION FORM

This form must be completed and returned to the CMP by 30 June 2023.

Name of Club/State Association: _____

Club/State Association CMP Number: _____

Our organization submits this application to receive support from the **CMP National Matches Junior Highpower Support Program** for eligible junior shooters who are members of our organization to participate in the 2023 National Matches. I certify that our organization is affiliated with the CMP and that the junior shooters for whom we receive support will fulfill all necessary requirements for that support.

(Date)

Signature (President, Secretary, other designated official)

| Contact information of official responsible for organization's National Matches junior highpower team participation | | |
|---|-----|-------|
| Name | | |
| Address | | |
| Telephone | Fax | Email |

| Name and address where the check is to be sent. | |
|---|--|
| Name | |
| Address | |

| Please check the following payment options as preferred by your organization | |
|--|---|
| <input type="checkbox"/> | Option 1. Our organization will support and assist the junior teams for which we are applying to receive CMP support by also assisting our junior shooters with their travel and accommodations and by providing adult leadership during the National Matches. Please provide support payments directly to our organization. |
| <input type="checkbox"/> | Option 2. Our organization endorses the participation of our junior teams for which we are applying to receive CMP support in the National Matches, but our organization will not provide additional support for these teams. Parents or other adults will provide adult leadership for our junior teams. Please provide support payments directly to the eligible junior shooters. |

To complete your application, please provide the information requested on the next page.



Instructions: The number of eligible junior shooters listed in column 3 should be your best estimate of the number of eligible juniors who will actually participate in the National Matches as representatives of your organization. The CMP recognizes that this number may increase or decrease when final entries are made. Final payments will be made on the basis of the actual number of eligible juniors who participate.

| Total number of National Trophy Junior or Hearst Doubles (2-person) teams and National Trophy Teams (6 persons) which your organization plans to enter in the 2022 National Matches | Total number of junior shooters on those teams (should be two or six times the number in first column, count both eligible and ineligible juniors) | Total number of <u>junior shooters who are eligible for CMP support</u> that your organization expects to enter as members of the National Trophy Junior or Hearst Doubles Team Matches | <i>Do not use this column, for office use only</i> | |
|---|--|---|--|--------------|
| National Trophy Junior Team Match or Hearst Doubles Team Championship | | | | |
| | 2 times # of teams | | | |
| National Trophy Team Match | | | | |
| Indicate # of 6 person teams | 6 times # of teams | | | |
| National Infantry Trophy Team Match | | | | |
| Indicate # of 6 person teams | 6 times # of teams | | | Total |

For additional information about the **CMP National Matches Junior Highpower Support Program**, contact: CMP Competitions Department at 419-635-2141, Ext. 722 or email kwilliams@thecmp.org.