



Application to Conduct a CMP Action Pistol Match

Name of Sponsoring Organization:	Date of Match:
CMP Club Number:	Location of Range:
Contact Name:	
Contact Mailing Address (No PO Box):	
Contact Phone Number:	Contact Email Address:
Club Website (if available):	

*The application must be submitted with a copy of your match program. The event contact's name, phone number and email address will be listed on the CMP Competition Tracker website.

TYPE OF EVENTS TO BE FIRED (Circle all that apply):

Barricade Mover Practical Plates Speed Event

SCORECARDS: The CMP provides scorecards for use in sanctioned matches. Scorecards must be returned to the CMP after the match. Please indicate the number of scorecards requested. (#) _____

Check here if you would like surrounding clubs/states to be notified about your match.

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. (#) _____

PAYMENT INFORMATION:	CMP Match and Clinic Sanctioning Fee:	\$7.50 per event
	Shipping & Handling Fee:	\$7.95
Please send check (include CMP Club Number) or provide Credit Card information Total amount remitted:		
Credit Card: Visa Discover Master Card American Express		
Card Number:		
Expiration:	CVV2 #:	(3 digit code on back of card)
Card holder name:	Card holder signature:	

Mail or fax completed Application Form with fees and a copy of the event program to:
CMP PISTOL COMPETITIONS DEPARTMENT, P.O. BOX 576, PORT CLINTON, OH 43452
FAX (419) 635-2573