

CMP National Matches

2024 Support Team Form



If you would like to be a Support member and offer your time and services during the National Matches, please fill out each line of this form.

FIRST NAM		LAST NAME:					
STREETAD	DRESS:						
CITY:		s	STATE:		ZIP:		
PHONE:			EMAIL	:			
CMPCOMPETITION#:			SHIRTSIZE:				
Are you ove	1 10:	a member of CMP S	Staff Support l	ast year? If so fill c	out the RETU	RNING SUPPORT FORM	
PISTOL Line Tower CERTIFICA	SMALLBORE Line Tower	RIMFIRE Line Tower Scoring	RIFLE Line Tower Pits	Line Tower Pits	RANGE	AIR GUN RANGE • Range Safety Officer • Issuing Equipment • Filling Air Cylinders Etc.	
ARRIVAL DATE: DEPARTURE DATE:							
Please select the dates that you are interested in for 2024:							
	<i>(July 12 &13)</i> July 13 □	OR		☐AIR GU	IN		
☐ Pistol (<i>July 15 - 21</i>)							
July 11 🔲	ore <i>(July 11-20)</i> July 12	3 🔲 July 14 🔲	July 15		uly 17 🗖		
	AL CHAMPIONS July 23 July 2			22 -25) OR	□AIR	GUN	
	ıly 26- August 4) July 27		July 30 🗆	□AIR GU I July 31 □ A		Aug. 2 🗖	
	ange (August 5 -		<i>OR</i> Aug. 9 □		AIR GUN		

classes for free.	er classes are <u>required</u> . Those chosen will receive any needed
Have you passed CMP Range Officer Course L	evel 1 (an ONLINE course)?
Have you passed any CMP Range Officer L	evel 2 courses?
COMPETITION PAST: Have you competed in CN	MP National or Games events before? ☐Yes ☐No
CURRENT COMPETITION: will you be participa	ting in any events during this year's Nationals? Yes No
** If yes, in which event(s) will you be part date(s). You will be responsible for your housing on t	ticipating? Please name the event(s) and event(s)
HOUSING: Will you need housing on those on these dates?	□** _{Yes} □ _{No}
** If yes, please list any others who may be sta	aying with you. Do you have any special requests?
or regulations from possessing, purcha	rohibited by any federal, state or local law ordinances asing, using or owning firearms/ammunition. I also this form is true to the best of my knowledge.
SIGNATURE:	DATE:
Print name here:	DATE:

**NOTE: Support Team training days will be provided after application is accepted.

Thank you for signing up to be a member of the CMP Support Team! 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!

Please mail form to: CMP, Attn: Vera Snyder, PO Box 576, Port Clinton, OH 43452