## CMP National Rifle/Pistol Matches

## **Returning 2024 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:Z		ZIP:		
PHONE:	EMAIL:				
CMP COMPETITION #:			SHIRT SIZE:		
PAST SUPPORT TEAM EX Please check all boxes that					
PISTOL Line Line Tower  SMALLBORE Line Tower	Line Tower Scoring	Pits 🔲	Line Tower Pits	RANGE  • Range Safety Officer • 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 2024:					
☐ <b>Rimfire</b> ( <i>July 12 &amp;13</i> ) July 12 ☐ July 13 ☐	OR		AIR GUN		
☐ Pistol ( <i>July 15 -21</i> )					
□Smallbore (July 11- 20) OR □AIR GUN  July 11 □ July 12 □ July 13 □ July 14 □ July 15 □ July 16 □ July 17 □  July 18 □ July 19 □ July 20 □					
□NATIONAL CHAMPIONSHIP- (KTS) Targets (July 22 -25) OR □AIR GUN July 22 □ July 23 □ July 124 □ July 25 □					
□ Rifle (July 26- August 4)       OR       □ AIR GUN         July 26 □ July 27 □ July 28 □ July 29 □ July 30 □ July 31 □ Aug. 1 □ Aug. 2 □         Aug. 3 □ Aug. 4 □					
□Long Range (August 5 - August 10) OR Aug. 5 □ Aug. 6 □ Aug. 7 □ Aug. 8 □ Aug. 9 □ Aug. 10					

LEVEL II TRAINING:	
Which Level II Range Officer course would you	like to attend?
☐ Highpower Rifle ☐ Pistol ☐ Smallbore/Rimfire Sport	ter Rifle
CURRENT COMPETITION: Will you be participating in any events during thi  ** Yes  No  **If yes, in which event(s) will you be participating? Ple	
HOUSING: Will you require housing as you serve as a men	nber 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 o	
By signing below, I certify that I am not prohibited by any possessing, purchasing, using or owning firearms/ammun form is true to the best of my knowledge.	_
SIGNATURE:	DATE:
Print name here:	DATE:
**NOTE: Support Team training days will be announce	d 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!

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