

## Competition Order Form

Please complete the information below and return this form to the CMP Competitions Department. For more information, contact (419) 635-2141 Ext. 714 or [croguski@thecmp.org](mailto:croguski@thecmp.org).

Name		
Shipping Address		
City	State	Zip Code
Email Address	Phone Number	

<p><b>Distinguished Hat Pins:</b></p> <p>DISTINGUISHED PISTOL HAT PIN: _____</p> <p>DISTINGUISHED .22 RIMFIRE HAT PIN: _____</p> <p>DISTINGUISHED RIFLE HAT PIN: _____</p> <p>INTERNATIONAL DISTINGUISHED HAT PIN: _____</p>	# _____	\$7.50 each	\$
<p><b>Replacement Distinguished Badge:</b>  <i>Civilians only. Competitors who earned their Distinguished Badge while in the service must contact their branch of service for replacement.</i></p> <p>DISTINGUISHED PISTOL SHOT: YEAR/BADGE # _____</p> <p>DISTINGUISHED .22 RIMFIRE: YEAR/BADGE # _____</p> <p>DISTINGUISHED RIFLEMAN: YEAR/BADGE # _____</p> <p>INTERNATIONAL DISTINGUISHED: YEAR/BADGE# _____</p>	1	\$50.00 each	\$
<p><b>President's 100 Brassard:</b></p> <p>RIFLE OR PISTOL: _____</p> <p>YEAR RECEIVED: _____</p>	1	\$19.95 each	\$
<p><b>President's 100 Hat Pins:</b></p> <p>RIFLE OR PISTOL: _____</p> <p>YEAR RECEIVED: _____</p>	# _____	\$7.50 each	\$

Total \$

**PAYMENT INFORMATION:** Please send check or provide Credit Card information

<p><b>Credit Card (Check One):</b></p> <p><input type="checkbox"/> American Express</p> <p><input type="checkbox"/> Discover</p> <p><input type="checkbox"/> MasterCard</p> <p><input type="checkbox"/> Visa</p>	Card Number: _____	
	Expiration: _____	CVV2# _____
Card holder name: _____	Card holder signature: _____	
Would you like a receipt? <input type="checkbox"/> mailed <input type="checkbox"/> emailed to: _____		

**Mail or fax completed form to:**  
 CMP COMPETITIONS, P.O. BOX 576, PORT CLINTON, OH 43452  
 FAX (419) 635-2802 or EMAIL [croguski@thecmp.org](mailto:croguski@thecmp.org)