



## Garand/Springfield/Vintage/Modern Military Match Application

Please complete the information below and return this form to the CMP Competitions Department for approval. For more information, contact (419) 635-2141 Ext. 706 or [kfilipiak@thecmp.org](mailto:kfilipiak@thecmp.org).

**Club or State Association:** \_\_\_\_\_

**Club Number:** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_

**Type of Event to Be Sanctioned (Circle all that Apply):** Sanctioned Match      Re-Entry Match

**Type of Rifles to be Fired (Check all that apply):** M1 Carbine

Garand    Springfield    Vintage Military    Modern Military    Unlimited Garand    Unlimited Modern Military  
Garand Re-Entry    Springfield Re-Entry    Vintage Military Re-Entry    Modern Military Re-Entry

**Date(s) of match:** \_\_\_\_\_

**Location of match (city and state):** \_\_\_\_\_

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

**Number of participants expected:** \_\_\_\_\_ **Number of firing points on range:** \_\_\_\_\_

**Course of fire to be used (Course A 30 shot or Course B 50 shot):** \_\_\_\_\_

Courses of fire for Garand, Springfield, Vintage Military, Modern Military and M1 Carbine Rifle Matches are listed in the current edition of the **CMP Competition Rules**.

**Event Contact Person:** Please list the person who will be the contact for competitors or clinic participants; please provide telephone # and email address that can be used in the CMP web site announcement, which is open to the public.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Club Web Site (if available)** \_\_\_\_\_

**Mail Packet to:** \_\_\_\_\_

**Address for mailing packet (NO PO BOX):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Match Supplies.** Sponsors of CMP-sanctioned matches are eligible to request or purchase supplies for use in the match. **Please complete the information below to request or order supplies required for your match.**

<b>SCORECARDS:</b> The CMP provides scorecards for use in sanctioned matches. Scorecards must be returned to the CMP after the match. Please indicate the type and number of scorecards requested.	(#) _____ G-S-M-M Course A (30 record shots) (#) _____ G-S-M-M Course B (50 record shots) (#) _____ M1 Carbine Match (40 record shots)	
<b>CERTIFICATES:</b> 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.	_____ Certificates of Achievement requested (Certificates are free of charge)	
<b>ECIs (Empty Chamber Indicators):</b> CMP Rules now require the use of ECIs in sanctioned rifle events. Event sponsors may order ECIs from CMP at a cost of \$7.50 for 12 ECIs.	_____ ECIs (Empty Chamber Indicators) ordered (NLU #244, order 12-24-36-48, etc.)	
<b>ACHIEVEMENT PINS:</b> Match sponsors may order CMP Achievement Pins for presentation or sale to competitors who fire achievement award scores that are given in the <b>CMP Competition Rules</b> . Please give the number of each type of pin requested.	John C. Garand Pins, \$3.00 each _____ Gold _____ Silver _____ Bronze Springfield Rifle Pins, \$3.00 each _____ Gold _____ Silver _____ Bronze Vintage Military Rifle, \$3.00 each _____ Gold _____ Silver _____ Bronze M1 Carbine Pins, \$3.00 each _____ Gold _____ Silver _____ Bronze Modern Military Pins, \$3.00 each _____ Gold _____ Silver _____ Bronze	
<b>Shipping &amp; Handling Fee:</b> <span style="color: red;"><b>\$8.95</b></span>		
<b>PAYMENT INFORMATION:</b>	CMP Match and Clinic Sanctioning Fee (per day): <span style="color: red;"><b>\$25.00</b></span>	
<b>CMP will no longer accept check/money orders.</b> <b>Please do not email credit card information.</b> Please leave a phone number to collect payment: PH#	Total pins ordered: _____ X \$3.00 each =	
	Total ECIs ordered: _____ units of 12 x \$7.50 =	
<b>Tax will be charged based on your state's tax code requirements.</b>		
<b>TOTAL</b>		
Credit Card: Visa Master Card Discover American Express <b>Card Number:</b>		<b>CVV2 #:</b> (3digit code on back of card)
<b>Card Holder Name:</b>		<b>Expiration:</b>
<b>Card Holder Address:</b>		<b>Card Holder Signature:</b>
<b>Mail completed Application Form with fees and a copy of the event program to: CMP, Attn: CMP Clinics/Sanctioned Matches, P. O. Box 576, Port Clinton, Ohio 43452 Scan to Kim Filipiak at <a href="mailto:kfilipiak@thecmp.org">kfilipiak@thecmp.org</a> Online Sanction at <a href="https://ct.thecmp.org/app/v1/index.php?do=sanctionMatch">https://ct.thecmp.org/app/v1/index.php?do=sanctionMatch</a></b>		