



Application to Conduct a CMP Vintage Sniper Match

CMP

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 event contact person's name, phone number and email address will be listed on the CMP Competition Tracker website in the match information.

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. (#) _____

ECIs: (Empty Chamber Indicators): 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 ordered order (12-24-36-48) (#) _____

ACHIEVEMENT PINS: Match sponsors may order CMP Achievement Pins for presentation or sale to competitors who fire achievement award scores that are given in the CMP Competition Rules . Please give the number of each type of pin requested.	Vintage Sniper Pins, \$3.00 each ____ Gold ____ Silver ____ Bronze
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PAYMENT INFORMATION:	CMP Match and Clinic Sanctioning Fee: \$25.00
	Pin Fee (\$3.00 X Total ordered): _____
	Total ECIs ordered: _____ units of 12 x \$7.50 = _____
	Shipping & Handling Fee: \$8.95
Tax will be charged based on your state's tax code requirements.	

CMP will no longer accept check/money orders. Please do not email credit card information. Please leave a phone number to collect payment: PH# _____	Total amount remitted: _____
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Credit Card: Visa Discover Master Card American Express	Card Number: _____	CVV2 #: _____ (3digit code on back of card)
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Card Holder Name: _____	Expiration Date: _____
Card Holder Address: _____	Card Holder Signature: _____

Mail completed Application Form with fees and a copy of the event program to:
CMP Competitions Department, P.O. Box 576, Port Clinton, OH 43452

Scan to Kim Filipiak at kfilipiak@thecmp.org

Online Sanction at <https://ct.thecmp.org/app/v1/index.php?do=sanctionMatch>

CMP Sales Website: http://thecmp.org/cmp_sales/