



## Garand/Springfield/Vintage/Modern Military Clinic 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 one only):** Sanctioned Clinic      Sanctioned Clinic with Match

**Type of Rifles (Circle all that apply):** M1 Carbine

Garand    Springfield    Vintage Military    Unlimited Garand    Modern Military    Unlimited Modern Military

**Clinic will have a CMP- GSMM Certified Master Instructor (Name):** \_\_\_\_\_

Number of GSM Student Guides (CMP-Certified Master Instructors Only) \_\_\_\_\_ **(Additional \$5.00 S/H)**

**Date(s) of clinic or clinic with match:** \_\_\_\_\_

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

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

**Number of students expected:** \_\_\_\_\_

**Course of fire to be used (for clinics with matches):** \_\_\_\_\_

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

**Clinic or Clinic with Match Supplies.** Sponsors of CMP-sanctioned clinics are eligible to request or purchase supplies that is for use in the clinic. **Please complete the information below to request or order supplies required for your clinic.**

<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 (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</b> (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 (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	
Shipping & Handling Fee: <b>\$8.95</b>		
<b>PAYMENT INFORMATION:</b>		
<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#	CMP Match & Clinic Sanctioning Fee Per Day: <b>\$25.00</b>	
	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>		
TOTAL		
Credit Card: Visa Master Card Discover American Express		<b>CVV2 #:</b> (3digit code on back of card)
<b>Card Holder Name:</b>		<b>Expiration Date:</b>
<b>Card Holders 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</b> Scan to Kim Filipiak at <a href="mailto:kfilipiak@thecmp.org">kfilipiak@thecmp.org</a> Online Sanction <a href="https://ct.thecmp.org/app/v1/index.php?do=sanctionMatch">https://ct.thecmp.org/app/v1/index.php?do=sanctionMatch</a>		