

2026 GARY ANDERSON REGIONAL CMP CUP MATCH 3-POSITION AIR RIFLE MATCH

ENTRY FORM AND ROSTER MUST BE RECEIVED BY 9 NOVEMBER, 2026 TO
ENSURE ORION DATABASE IS READY FOR MATCH DAY

Email forms to Maj Koerber at koerber@aps.edu.

Club/Individual Name: _____

Address: _____

Coach Name & Phone Number: _____

E-Mail Address: _____

Number of teams entering: _____ X \$100.00 = _____

Number of individuals entering: _____ X \$30.00 = _____

Total: _____

Make checks/money orders or Purchase Orders payable to: Eldorado HS MCROTC

Email registration and desired relay times to:

POC: MAJ Jim Koerber –Phone: (505) 220-5984, email: koerber@aps.edu

RELAY “START” Times (Record Shots Down Range)

DAY 1 – THUR NOV 12 DAY 2 – FRI NOV 13 DAY 3 – SAT NOV 14

Relay #1 - 1100

Relay #4 - 1100

Relay #7 – 0800

Relay #2 – 1330

Relay #5 – 1330

Relay #8 - 1030

Relay #3 – 1600

Relay #6 – 1600

Relay #9 - 1300

*Additional relays may be added at Match Directors discretion

1. Verified relay times will be sent to email address provided on this form.
2. Firing points will be assigned by Chief Statistician and available upon check-in.

2026 GARY ANDERSON REGIONAL CMP CUP MATCH TEAM ROSTER

Email forms to Maj Koerber at koerber@aps.edu.

TEAM/CLUB:

COACH:

PHONE:

EMAIL:

TEAM (P1, S1, I)	Name (Last, First)	CMP#	RELAY#
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

BY SUBMISSION OF THIS ENTRY FORM, THE LISTED COACH VERIFIES THAT TEAM MEMBERS COMPLY WITH CMP RULE 3.2.