



TM

# 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. 1106 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):**

Garand      Springfield      Vintage Military      M1 Carbine      Unlimited Garand      Modern Military

**Clinic will have a CMP- GSM 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 and ammunition that is for use in the clinic. **Please complete the information below to request or order supplies or ammunition required for your clinic.**

