

# 2025 National Rimfire Sporter Match

To enter the 2025 National Rimfire Sporter Match, complete this form or enter online at [www.TheCMP.org](http://www.TheCMP.org).

Last Name:	First Name:	MI	Gender
Address: _____ <i>Check here if you recently moved</i>			
City:	State:	Zip	
Phone:	Email:		
Date of Birth: (mm/dd/yyyy)	CMP Competitor Number:		
<b>EVENT REGISTRATION: <u>Please check which events you wish to participate in.</u></b>		<b>Adult Fee</b>	<b>Junior Fee</b>
<input type="checkbox"/> <b>CMP Rimfire Clinic with Live Fire, 19 July</b>		\$45	\$35
<input type="checkbox"/> <b>Rimfire Sporter Match One Event Entry, 20 July</b> Select One: <input type="checkbox"/> Relay 1 & 2 8:30AM - 11:30AM <input type="checkbox"/> Relay 3 & 4 11:30AM -2:30PM		\$50	\$25
<input type="checkbox"/> <b>Rimfire Sporter Match Two Event Entries, 20 July</b> Select Two: <input type="checkbox"/> Relay 1 & 2 8:30AM - 11:30AM <input type="checkbox"/> Relay 3 & 4 11:30AM -2:30PM		\$65	\$30
<b>TOTAL ENTRY FEES:</b>			

Category <input type="checkbox"/> Civilian <input type="checkbox"/> Service	Indicate Civilian or Service status--must select one.
Junior Status – <u>Junior Competitors Only</u> must select one.	<input type="checkbox"/> Junior 4H-Member <input type="checkbox"/> Junior Non-4H Member
Rifle Class 1 <sup>st</sup> Entry	<input type="checkbox"/> O-Class <input type="checkbox"/> T-Class <input type="checkbox"/> TU Class <input type="checkbox"/> Military Trainer
Rifle Class 2 <sup>nd</sup> Entry	<input type="checkbox"/> O-Class <input type="checkbox"/> T-Class <input type="checkbox"/> TU Class <input type="checkbox"/> Military Trainer
Rifle Make and Model 1st Entry::	
Rifle Make and Model 2nd Entry::	
T-Shirt Size (Circle One): S M L XL 2XL 3XL	

Payment may also be made by credit card (do not email credit card information) - please provide the following information:		
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express		
Number:	Exp:	CVV2#:
Name of Card Holder:	Signature:	
Address of Card Holder:		
<p>For questions contact 419-635-2141, ext. 602, <a href="mailto:acantu@thecmp.org">acantu@thecmp.org</a>. Email form to <a href="mailto:acantu@thecmp.org">acantu@thecmp.org</a>.          Mail your completed entry form and fees to: CMP, National Matches PO Box 576 Port Clinton, OH 43452</p>		