



QCTA STATE SKEET CARNIVAL 2017

Roma Clay Target Club – 14th to 17th September

Shooter No	Squad No
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Pre-Nomination Form

Name:				ACTA No	
Address:					
	State:		P/Code:		
Email:				Phone:	
Club:			Shooter License No.		

Section: (Please tick)	Open	<input type="checkbox"/>	Ladies	<input type="checkbox"/>	Junior	<input type="checkbox"/>	Veteran	<input type="checkbox"/>			
Age: (if required)	Juniors: Under18		/	/	Veterans: Over 65		/	/			
Grade & Handicap	Grade:	AA	<input type="checkbox"/>	A	<input type="checkbox"/>	B	<input type="checkbox"/>	C	<input type="checkbox"/>	Handicap:	<input type="checkbox"/>

Program

		Pre-Nominations Juniors	Pre-Nominations Vets/Spouse/Partner	Pre-Nominations Open
Thursday 14th September – 9am: Multigauge Events		Nom at comp only		
Friday 15th September - 12.00 Noon				
Event 1:	50T State Skeet Handicap	<input type="checkbox"/> \$34	<input type="checkbox"/> \$40	<input type="checkbox"/> \$45
Saturday 16th September - 8.30am Start				
Event 2:	100T State Skeet Championship	<input type="checkbox"/> \$56	<input type="checkbox"/> \$70	<input type="checkbox"/> \$75
	Teams Events			
Sunday 17th September - 8.30am Start				
Event 3:	50T State 20 Gauge Championship	<input type="checkbox"/> \$34	<input type="checkbox"/> \$40	<input type="checkbox"/> \$45
Event 4:	50T State Doubles Championship	<input type="checkbox"/> \$34	<input type="checkbox"/> \$40	<input type="checkbox"/> \$45
TOTAL PROGRAM		\$158.00	\$190.00	\$210.00
TOTAL PAID				

Pre-Nominations close 5pm Friday 8th September 2017

Please Note:

- Pre-Nominations will be fully refunded without charge if State advised prior to commencement of competition.
- Shooters may nominate on the day for an additional fee of \$5 per event.
- **The QCTA will accommodate squadding requests provided nomination forms are submitted for each shooter.**

Payment Details:	Amount Paid: \$ _____	Date: ____/____/____
Payment Method:	<input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Money Order	
	Credit Card No. ____/____/____/____	Expiry Date ____/____
	Name on Card _____	Signature _____
Direct Deposit Details:	A/C Name: Q.C.T.A. Inc BSB: 034 064 A/C No: 124446	
Postal Address:	Q.C.T.A. PO Box 6379, Gold Coast MC Qld. 9726	
Fax No.:	07) 55977699	Email: admin@claytargetqld.org.au

Nominations cannot be processed unless all relevant information is correctly completed. Thank you.