



QCTA STATE TRAP CARNIVAL 2019

Gemfields Gun Club – 4th to 6th May

Pre-Nomination Form

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

Please complete ALL Grade, Handicap & Section details:

Section:	Open	<input type="checkbox"/>	Ladies	<input type="checkbox"/>	Junior	<input type="checkbox"/>	Veteran	<input type="checkbox"/>			
Age: (if required)	Juniors: Under 18		/	/	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="text"/>

Program

		Pre-Noms Juniors	Pre-Noms Spouse/DeFacto or Veteran	Pre-Noms Open
Saturday 4th May - 8.30am Start				
Event 1:	25Pr State Double Rise Championship	<input type="checkbox"/> \$34	<input type="checkbox"/> \$40	<input type="checkbox"/> \$45
Event 2:	50T State Double Barrel Championship	<input type="checkbox"/> \$34	<input type="checkbox"/> \$40	<input type="checkbox"/> \$45
	Zone Teams Events – Saturday Evening			
Sunday 5th May - 8.30am Start				
Event 3:	50T State Single Barrel Championship	<input type="checkbox"/> \$34	<input type="checkbox"/> \$40	<input type="checkbox"/> \$45
Event 4:	50T State Handicap	<input type="checkbox"/> \$34	<input type="checkbox"/> \$40	<input type="checkbox"/> \$45
Monday 6th May - 8.30am Start				
Event 5:	50T State Point Score Championship	<input type="checkbox"/> \$34	<input type="checkbox"/> \$40	<input type="checkbox"/> \$45
	TOTAL PROGRAM	\$170.00	\$200.00	\$225.00
	TOTAL PAID			

Please Note:

- Pre-Nominations close **Friday 26th April 2019**. Shooters may nominate on the day for an additional fee of \$5 per event.
- Pre-Nominations will be fully refunded (less \$10 processing fee) if State advised prior to commencement of competition.
- Payments will be processed one week prior to competition. Entry will not be confirmed for declined credit card transactions.

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:	Queensland Clay Target Association, PO Box 6379, Gold Coast MC Qld. 9726	
QCTA:	Email: admin@claytargetqld.org.au	Phone: 0419 880080 Fax: 07) 55977699