



# QCTA STATE SKEET CARNIVAL 2019

Townsville Gun Club – 12<sup>th</sup> to 15<sup>th</sup> 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
<b>Thursday 12<sup>th</sup> September – 9am: Multigauge Events</b>		Nom at comp only		
<b>Friday 13<sup>th</sup> September - 12.00 Noon</b>				
Event 1:	50T State Skeet Handicap	<input type="checkbox"/> \$34	<input type="checkbox"/> \$40	<input type="checkbox"/> \$45
<b>Saturday 14<sup>th</sup> September - 8.30am Start</b>				
Event 2:	100T State Skeet Championship	<input type="checkbox"/> \$56	<input type="checkbox"/> \$70	<input type="checkbox"/> \$75
	Teams Events			
<b>Sunday 15<sup>th</sup> September - 8.30am Start</b>				
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 6<sup>th</sup> September 2019**

**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.**

<b>Payment Details:</b>	Amount Paid: \$ _____	<b>Date:</b> ____/____/____
<b>Payment Method:</b>	<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 _____
<b>Direct Deposit Details:</b>	A/C Name: Q.C.T.A. Inc	BSB: 034 064    A/C No: 124446
<b>Postal Address:</b>	Q.C.T.A. PO Box 6379, Gold Coast MC Qld. 9726	
<b>Email:</b>	<a href="mailto:admin@claytargetqld.org.au">admin@claytargetqld.org.au</a>	<b>Phone:</b> 0419 880080

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