



# QCTA STATE TRAP CARNIVAL 2017

Gemfields Gun Club 28<sup>th</sup> - 30<sup>th</sup> April

Shooter No	Squad No
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## Pre-Nomination Form

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: 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-Noms Juniors	Pre-Noms Spouse/DeFacto or Veteran	Pre-Noms Open
<b>Friday 28<sup>th</sup> April - 8.30am Start</b>				
Event 1:	50T State Double Barrel Championship	<input type="checkbox"/> \$34	<input type="checkbox"/> \$40	<input type="checkbox"/> \$45
Event 2:	25Pr State Double Rise Championship	<input type="checkbox"/> \$34	<input type="checkbox"/> \$40	<input type="checkbox"/> \$45
	Zone Teams Events – Friday Evening			
<b>Saturday 29<sup>th</sup> April - 8.30am Start</b>				
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
<b>Sunday 30<sup>th</sup> April – 8.30am Start</b>				
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 21<sup>st</sup> April 2017**. 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 on receipt of pre-nominations. Entry will not be confirmed for declined credit card transactions.

<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>	Queensland Clay Target Association, PO Box 6379, Gold Coast MC Qld. 9726	
<b>Email:</b>	<a href="mailto:admin@claytargetqld.org.au">admin@claytargetqld.org.au</a>	<b>Fax:</b> 07) 55977699 <b>Phone:</b> 0419 880080