



QCTA STATE TRAP CARNIVAL 2022

Townsville Gun Club – 30th April to 2nd May

Shooter No	Squad No
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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)	Super Vet	<input type="checkbox"/>	Please tick if over 75		Juniors: Under18	/ /							
Grade & Handicap	Grade:	AA	<input type="checkbox"/>	A	<input type="checkbox"/>	B	<input type="checkbox"/>	C	<input type="checkbox"/>	Handicap	<input type="checkbox"/>	D/Rise Grade	<input type="checkbox"/>

Program

		Noms Juniors	Pre-Noms Spouse/Partner or Veteran	Pre-Noms Open
Saturday 30th April - 8.30am Start				
Event 1:	25Pr State Double Rise Championship	<input type="checkbox"/> \$37	<input type="checkbox"/> \$45	<input type="checkbox"/> \$50
Event 2:	50T State Double Barrel Championship	<input type="checkbox"/> \$37	<input type="checkbox"/> \$45	<input type="checkbox"/> \$50
	Zone Teams Events – Saturday Evening			
Sunday 1st May - 8.30am Start				
Event 3:	50T State Single Barrel Championship	<input type="checkbox"/> \$37	<input type="checkbox"/> \$45	<input type="checkbox"/> \$50
Event 4:	50T State Handicap	<input type="checkbox"/> \$37	<input type="checkbox"/> \$45	<input type="checkbox"/> \$50
Monday 2nd May - 8.30am Start				
Event 5:	50T State Point Score Championship	<input type="checkbox"/> \$37	<input type="checkbox"/> \$45	<input type="checkbox"/> \$50
	State Teams Events			
	TOTAL PROGRAM	\$185.00	\$225.00	\$250.00
	TOTAL PAID			

- Please advise of any squadding requests when nominating. Shooters will be accommodated where possible.
- Payments will be processed one week prior to competition. Entry will not be confirmed for declined credit card transactions.

★ Prize money is paid proportionate to nominations in grades.

★ Shooters are now eligible to win multiple sashes & prizes if relevant to their grade & section.

Payment Details:	Amount Paid: \$ _____	Date: ____/____/____
Payment Method:	<input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Direct Deposit	
	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:	QCTA, PO Box 6379, Gold Coast MC Qld. 9726	
QCTA:	Email: admin@claytargetqld.org.au	Phone: 0419 880080