Entry Registration Number	Pre-Register	Yes/No	Paid	Yes/No

SOUTH AUSTRALIAN RIFLE ASSOCIATION PRIZE MEETING ENTRY FORM PROMOTING BODY KAPUNDA RIFLE CLUB: 4th May 2025

Name									
(Surname)				(First name)					
National Sho	oter ID No.		(SSID)						
Home Club									
Contact Nur	nber								
Email Addre	Email Address								
Postal Address									
Competing i	n (select one)								
Α	В	С	FO	FS A	FS B	F/TR	S/H		
All competitors MUST present their current grading card to be eligible to compete. Completion and signing of this entry form is a compulsory condition of entry.									
I DECLARE TI	HAT I AM A SA	RA REGISTER	RED MEMBER	OR NRAA AFF	ILIATE MEMB	ER AND I AGR	REE TO ABIDE		
BY THE CURRENT NRAA STANDARD SHOOTING RULES FOR AUSTRALIAN RIFLE CLUBS AND TO ANY									
PENALTY THAT IS IMPOSED THEREUNDER SHOULD I INFRINGE THESE RULES. IGNORANCE WILL NOT BE ACCEPTED AS AN EXCUSE.									
ACCEPTED A	AS AN EXCUSE	Ξ.							
	(Leave blank if pre-registering)								
				_ (to be signed when collecting score cards at event)					
Signature of co	ompetitor	4/5/2025		(to be sigi	ica when colle	oung score care	is at eventy		
FEES									
Pre - Regist	ration Fee	\$3	35.00 (Other	wise \$40.00)					
Meal			\$15.00						

Please remit payment to Kapunda Rifle Club Inc. BSB 035:079 Acc/- 134676

Complete and return this entry to sbarrie@onthenet.com.au

\$15.00

Additional Meals Required @