

ORSA HIGH POWER MATCH ENTRY FORM

NRA ID No. _____

CATEGORIES / SPECIAL AWARDS:

 LAST NAME FIRST NAME INITIAL

 MAILING ADDRESS

 CITY, STATE, ZIP CODE

 EMAIL to receive results electronically

- ORSA Member
- Civilian
- Service
- Woman
- Senior
- Junior

 PHONE (optional)

HIGH POWER RIFLE (RULE 19.5) MATCHES:

CLASSIFICATION: HM MA EX SS MK UN

RIFLE: Service Rifle (Rule 3.1, 3.1.1, 3.1.2, 3.1.3)
 Match Rifle (Rule 3.3)

LONG RANGE (RULE 19.5.1) MATCHES:

CLASSIFICATION: HM MA EX SS MK UN

RIFLE: Service Rifle (Rule 3.1, 3.1.1, 3.1.2, 3.1.3)
 Palma Rifle (Rule 3.3.3)
 Any Rifle (Rule 3.2)
 "F" Class

SIGHTS: Metallic
 Any

I WISH TO ENTER THE FOLLOWING MATCH(ES):

Date	Match Number(s) / Identification	Entry Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL FEES ENCLOSED:		_____