



2009 CMP Three-Position Air Rifle Camps

PARTICIPANT SUBSTITUTION FORM

CAMP ENTERED: _____

Substitute participant must submit Medical Release Form and any fees with this form.
Make sure contact information is correct and printed clearly, all additional camp information is sent to adult leaders.

Team Name (school, JROTC unit, club)			
Adult Leader Name/Email/Phone #			
Please circle selections and fill-in all blanks below. Instructions for looking-up Competitor ID#'s can be found on the Camp Info Page on the CMP homepage. If you do not have a CMP Competitor ID# we can provide one for you.			
Current Participant's Name	Competitor #		
Substitution's Name	Competitor #	DOB/Rifle Class/Sex	T-Shirt Size
			S M L XL
Emergency Contact /phone#		Sporter Precision M F	XXL

SUBSTITUTION FEE:

**Prior to 24 April: No Fee
After 24 April: \$10**

Note: Forms submitted after 24 April without \$10 change fee will not be accepted. Medical Release Form must be included.

Payment Information (fill-out only if past 24 April Deadline):

Payment Amount _____

Make Checks payable to "CMP" or use Credit Card

Credit Card # _____ Exp. _____

Name on Card _____

CVV2# (3 digit # on back of card) _____

If you have additional questions, please refer to the camp info page at www.odcmp.com, or contact Sommer Wood at (419) 341-5248 or email swood@odcmp.com.

Fax forms to: 419-635-2802
Mail forms to:
Civilian Marksmanship Program
Summer Camp Substitutions
PO Box 576
Port Clinton, OH 43452