

NRAA TEAM NOMINATION



This is a generic nomination form to be used for TR, FO, FTR, FS, MR and 300M.

NOMINATION DETAILS

I AM NOMINATING FOR THE:

(insert team name and discipline above)

COMPETITION LOCATION:

(insert competition location above)

TEAM: Open Veterans Under 25

POSITION: Manager Coach Shooter

PERSONAL DETAILS

Surname		Given Name/s	
Address <small>(please include street address, State and postcode)</small>	_____ _____		
Postal Address <small>(if the same as above, please write "as above")</small>	_____ _____		
Telephone	Home	Work	Mobile
Email Address	_____		
Rifle Club		Date of Birth <small>(mandatory for U25 nominations)</small>	

NOMINATION SUBMISSION DETAILS

The completed Nomination Form must be returned to the NRAA by the advertised due date, via:

Email: nominations@nraa.com.au

Post: PO Box 414
CARINA Q 4152

IMPORTANT - PLEASE READ

Do not attach your own nomination form that repeats information in a different format or includes detail of results from earlier than the period/s stated. It will not be considered.

NRAA OFFICE USE ONLY

Date Received	/ /	Details and Results Supplied	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Recorded	/ /	Additional Results Required	<input type="checkbox"/> Yes <input type="checkbox"/> No

ACHIEVEMENTS / RESULTS

AUSTRALIAN TEAM PARTICIPATION – Official Inc Veterans and Under 25

Year	Location/Event	Team Position	Achievements / Relevant Comments

NRAA TEAM PARTICIPATION

Year	Location/Event	Team Position	Achievements / Relevant Comments

STATE TEAM SHOOTING - National Teams Matches

Year	Location/Event	Team Position	Achievements / Relevant Comments

ACHIEVEMENTS / RESULTS - continued from page 2

COMMONWEALTH GAMES RESULTS - in previous 7 years

Year	Badge Match Score	Placed	Pairs Match Score	Placed	Individual Queen's Score	Placed

INDIVIDUAL NATIONAL AND STATE CHAMPIONSHIP RESULTS – in previous 3 years

Year	Location	Lead Up Score	Placed	Queen's Score	Placed	Grand Score	Placed

NOMINEE'S DECLARATION

I have completed the above application truthfully to the best of my knowledge and ability.

Name _____ **Signature** _____
(please print)

Date _____