



FIELD RIFLE / 3-POSITIONAL / 2-POSITIONAL / AIR RIFLE AWARD  
MEDAL CLAIM FORM

AWARD CLAIMED:

DATE:

MEMBERS DETAILS

Surname:

Given Name(s):

Address:

Post code:

E-mail:

Club/Branch:

SSAA Member No:

Membership Expiry:

AWARD CLAIM DETAILS

Where shot:

Competition:

Distance:

FIREARM & AMMUNITION DETAILS

Action:

Barrel:

Stock:

Scope Make:

Scope Power:

Gunsmith:

Calibre:

Case:

Load:

SCORE DETAILS

Field Rifle	Rapid	Offhand	Standing Post	Sittingd Post	Aggregate
3-Positional	Prone	Offhand	Sit/Kneel	Aggregate	
10m Precision	First 10	Second 10	Third 10	Fourth 10	Aggregate
2-Positional	Offhand	Kneeling	Aggregate		
3-Positional Air	Prone	Standing	Kneeling	Aggregate	

SEND AWARD TO:

Return Targets:

Yes

No

SIGNATURES

Members Signature:

Date:

This is to verify that the club member named above has shot the designated award(s)

Range Officer or Delegate:

Signature:

Date:

This form along with the targets must be sent to the Field Rifle Awards Secretary for the claim.  
Send claim to: **SSAA Awards Secretary, PO Box 995, JURIEN BAY 6516, WA**