

## FIELD RIFLE / 3-POSITIONAL / AIR RIFLE SCORE PATCH CLAIM FORM

AWARD CLAIMED: (Tick box below)			DATE:
1-Ton FR/3P Patch	Score:	3-Positional –	570 Score:
2-Ton FR/3P Patch	Score:	3-Positional –	550 Score:
Field Rifle – 390	Score:	3-Positional –	530 Score:
Field Rifle – 370	Score:	3-Positional –	500 Score:
Field Rifle – 350	Score:	3-Positional –	450 Score:
Field Rifle – 330	Score:	1-Ton Air P	atch Score:
Field Rifle – 300	Score:	4 Ton Air P	atch Score:
MEMBERS DETAILS			
Surname: Given Name(s):			
Address:			
E-mail:			
Club/Branch: SSAA Member N		No: Membership Expiry:	
Oldo, Branon.		ivionix	Soloimp Expiry.
AWADD OLAIM DETAIL C			
Where shot:	AWARD CLAIM DETAILS  Competition: Dis		nce:
	·		
SIGNATURES			
Members Signature: Date:			)ate:
This is to verify that the club member named above has shot the designated award(s)			
Range Officer or Delegate:	Signature:		Date:
This form with a fee of \$10.00 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			
Cond cidim to. Contratitude Cooletaly, I o box 500, Content ball 6010, IIA			

Do NOT send targets with this claim form.