## NRAA TEAM NOMINATION



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

NOMINATION DE	TAILS		,	•					
I AM NOMINATIN	G FOR THE:								
COMPETITION I	OCATION:		(insert team nan	ne and disci	pline ab	ove)			
COMPETITION LO	JCATION:		(insert compe	etition location	n above	e)			
TEAM:		☐ Open ☐ Veterans				☐ Under 25			
		_	☐ FTR						
		☐ F Open	□ FIK			_	_		
POSITION:			r ∐ Co	☐ Coach			☐ Shooter		
PERSONAL DETA	AILS								
Surname			Given Name/s	Given Name/s					
Address (please include street address, State and postcode)									
Postal Address									
(if the same as above, please write "as above")									
Telephone	Home Work Mo				Mobile				
Email Address									
Rifle Club			Date of Birth (mandatory for U25 nominations						
NOMINATION SU	BMISSION DE	TAILS							
The completed Nomina	ation Form must be	e returned to the I	NRAA by the advertised	due date, via	a:				
Email:	nominations@nraa	a.com.au							
	PO Box 414								
(	CARINA Q 4152								
IMPORTANT - PL	EASE READ								
Do not attach your ov earlier than the period			information in a different	ent format	or inclu	des det	ail of	results from	
NRAA OFFICE US									
Date Received		Detail	Details and Results Supplied Yes					No	
Date Recorded		Additi					No		

ACHIEVEMENTS / RESULTS								
AUSTRALIAN	I TEAM PARTICIPATION – Officia	I Inc Veterans and Under 25	5					
Year	Location/Event	Team Position	Achievements / Relevant Comments					
NRAA TEAM	PARTICIPATION							
Year	Location/Event	Team Position	Achievements / Relevant Comments					
STATE TEAM	SHOOTING - National Teams Ma	tches						
Year	Location/Event	Team Position	Achievements / Relevant Comments					

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ACHIEVEMENTS / RESULTS - continued from page 2									
COMMONWE	ALTH GAMES RESUL	.TS - in previo	us 7	years					
Year	Badge Match Score	Placed		Pairs Match Score		Placed	Individual Queen's Score	Placed	
INDIVIDUAL N	ATIONAL AND STAT		ISHIP	RESU		evious 3 years			
Year	r Location Lead Up Score		Placed		Queen's Score	Placed	Grand Score	Placed	
NOMINEE'	S DECLARATIO	N							
I have complete	ted the above applicati	ion truthfully to	the b	est of ı	my knowledg	ge and ability.			
Name					Signature				
(please print)									
Date									

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