

Clay Pigeon Shooting Association

National Inter-Counties English Sporting Competition



Please complete this form and send it directly to the ground hosting the event.

Team:

Please tick the appropriate team below.

<input type="checkbox"/> SNR	<input type="checkbox"/> LDY	<input type="checkbox"/> JNR	<input type="checkbox"/> VET
6	3	3	3
(best 5 to count)	(best 2 to count)	(best 2 to count)	(best 2 to count)

Members:

Please list each team member below.

CPSA No.	Initials	First Name	Surname	Category

All monies must be paid to the ground when competitors book in.

For the County of	
Name of Secretary/Chairman	
Signature of Secretary/ Chairman	

Only forms submitted by County Secretaries or Chairmen are eligible for inclusion in this event.

This form can also be submitted electronically via the CPSA website www.cpsa.co.uk/natic

Please contact the ground hosting the event prior to travelling to confirm your start time.

Clay Pigeon Shooting Association

National Inter-Counties English Skeet Competition



Please complete this form and send it directly to the ground hosting the event.

Team:

Please tick the appropriate team below.

<input type="checkbox"/> SNR	<input type="checkbox"/> LDY	<input type="checkbox"/> JNR	<input type="checkbox"/> VET
6	3	3	3
(best 5 to count)	(best 2 to count)	(best 2 to count)	(best 2 to count)

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Clay Pigeon Shooting Association

National Inter-Counties Down The Line Competition



Please complete this form and send it directly to the ground hosting the event.

Team:

Please tick the appropriate team below.

<input type="checkbox"/> SNR	<input type="checkbox"/> LDY	<input type="checkbox"/> JNR	<input type="checkbox"/> VET
6	3	3	3
(best 5 to count)	(best 2 to count)	(best 2 to count)	(best 2 to count)

Members:

Please list each team member below.

CPSA No.	Initials	First Name	Surname	Category

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Clay Pigeon Shooting Association

National Inter-Counties Automatic Ball Trap Competition



Please complete this form and send it directly to the ground hosting the event.

Team:

Please tick the appropriate team below.

<input type="checkbox"/> SNR	<input type="checkbox"/> LDY	<input type="checkbox"/> JNR	<input type="checkbox"/> VET
6	3	3	3
(best 5 to count)	(best 2 to count)	(best 2 to count)	(best 2 to count)

Members:

Please list each team member below.

CPSA No.	Initials	First Name	Surname	Category

All monies must be paid to the ground when competitors book in.

For the County of	
Name of Secretary/Chairman	
Signature of Secretary/ Chairman	

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Clay Pigeon Shooting Association

National Inter-Counties All Round Competition



Please complete this form and send it directly to the ground hosting the event.

Team:

Please tick the appropriate team below.

<input type="checkbox"/> SNR	<input type="checkbox"/> LDY	<input type="checkbox"/> JNR	<input type="checkbox"/> VET
6	3	3	3
(best 5 to count)	(best 2 to count)	(best 2 to count)	(best 2 to count)

Members:

Please list each team member below.

CPSA No.	Initials	First Name	Surname	Category

All monies must be paid to the ground when competitors book in.

For the County of	
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Signature of Secretary/ Chairman	

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