



**SPORTING SHOOTERS' ASSOCIATION OF AUSTRALIA
FIELD RIFLE / 3-POSITIONAL / 2-POSITIONAL / AIR RIFLE
AWARD MEDAL CLAIM FORM**

AWARD CLAIMED	Date
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MEMBERS DETAILS		
Surname	Given names	
Address		
		Postcode
Email		
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	Off Hand	Post Rest	Sitting Post	Aggregate
3Posn/Air 3P	Prone	Off Hand	Sitting / Kneeling	Aggregate	
Air Prec	Card 1	Card 2	Card 3	Card 4	Aggregate
2 Posn	Off Hand	Kneeling	Aggregate		

SEND AWARD TO	
Return Targets	<input type="checkbox"/> YES <input type="checkbox"/> NO

SIGNATURES		
Members Signature	Date	
This is to verify that the club member named above has shot the award designated in line one		
Range Officer or FR/3P Delegate.	Signature	Date

***This form along with the targets must be sent to the Field Rifle Awards Secretary for the claim
Send claim to: Christine WILSON, PO Box 542, WILLETTON, WA 6955***