Manitoba Provincial Rifle Association, Inc.
CLUB AFFILIATION

Name of Club /Association_____

Location_____

Club contact Name(Print)_____Signature_____
Position_____
Address_____
E-Mail Address_____Phone_____

Number of members Senior Male_____ Senior Female_____
Junior Male_____ Junior Female_____

Brief description of Activites:_____
_____
_____

Our members would be interested in the following: (give numbers were applicable)

Sporting Rifle____
Junior Rifle____
Int. Match Rifle____
Cadets____
Biathlon____

Coaches courses____
Officials courses____
Centre Fire Rifle____
Adult____

Provincial postal leagues____
Regional postal leagues____
Provincial shoulder to shoulder matches____
Provincial Championships____
Provincial Championships____

Future aims of the Club:_____
_____
_____

Do you wish us to pass your name on to other Clubs in your region? Yes ☐
No ☐

Ranges: Indoor # of firing points_____ Distance_____
Outdoor # of firing points_____ Distance_____

Range Location_____

Number of instructors_____ certified coaches: level 1_____ level 2 _____ level 3_____

Trained range officers_____ certified officials: Club_____ Provincial _____ National _____

Number of days in operation: Winter – Sun Mon Tues Wed Thur Fri Sat
Summer – Sun Mon Tues Wed Thur Fri Sat

Do other Clubs / groups / cadets etc. share use of range? Yes ☐
No ☐

Can you give us contacts for these rifle clubs, cadets etc.?_____
_____

Your suggestions to improve organized target shooting….what the Provincial Association, Regional Association, Clubs, could or should do???
_____
_____

Personal information collected by the M.P.R.A will be retained and used for the purposes that include communicating about M.P.R.A programs, events and activities.

I understand that by becoming a member of the M.P.R.A I am giving consent for the M.P.R.A to use my information and photograph. I also understand that any photographs taken, may be used for the M.P.R.A published materials and web site