



NRAA TEAM NOMINATION

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

NOMINATION DETAILS

I AM NOMINATING FOR THE:

_____ (insert year and team name by discipline above)

COMPETITION LOCATION:

_____ (insert competition location above)

TEAM:

Open

Veterans

Under 25

F Open

FTR

POSITION:

Manager

Coach

Shooter

PERSONAL DETAILS (Please refer to NRAA Privacy Policy for details of how information provided is treated)

Surname				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		Mobile			
Email Address							
Rifle Club				Date of Birth (mandatory for U25 and Veteran nominations)			

NOMINATION SUBMISSION DETAILS

The completed Nomination Form must be returned to the NRAA by the advertised due date, via:

Email: nominations@nraa.com.au

IMPORTANT - PLEASE READ

Do not attach your own nomination form that repeats information in a different format or includes detail of results from earlier than the period/s stated. It will not be considered.

NRAA OFFICE USE ONLY

Date Received	/ /	Details and Results Supplied	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Recorded	/ /	Additional Results Required	<input type="checkbox"/> Yes	<input type="checkbox"/> No

