

Single Action Mounted Shooting - Application and Entry Form



Please complete this membership and Entry Application form entirely. Without your complete address and contact information we may be unable to mail prizes or contact you with results and awards and club information.

Member Name: _____ Division: _____ CMSA # _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Family Member Name: _____ Division: _____ CMSA # _____

Family Member Name: _____ Division: _____ CMSA # _____

New Membership and Renewal Fees: **Qty:** **Total:**

Annual Membership per person per year: ____ X \$20 = _____

One-time LIFE Membership: ____ X \$50 = _____

Shoot Entry Fee (select one: A or B or C):

A: Practice for Double Points: ____ X \$55 = _____

B: Buckle Series 2X Points Championship: ____ X \$65 = _____

C: CMSA Grand American Buckles: ____ X \$75 = _____

Total: _____

By signing below applicants state that they are good, honest, and law bidding. S.A.M.S. reserves the right to refuse service to anyone. By signing below the applicant states he/she has no felony convictions and no lawful and legal prohibitions to using or owning firearms. Participants agree to follow all rules and regulations of S.A.M.S., and C.M.S.A. Participant agrees to hold S.A.M.S. harmless for any injury, death, or damages due to the inherent risks and dangers of handling, and using, equines and firearms per Nevada Statutes.

Participants take part in these events at their own risk.

Signed by Participant (or Parent or Guardian for children under 18 years of age):

1st Person: Print Your Name: _____ Sign name _____ (Required)

Date: _____ (Required)

2nd Person: Print Your Name: _____ Sign name _____ (Required)

3rd Person: Print Your Name: _____ Sign name _____ (Required)

SAMS Representative Witness: _____