

2015 GEORGIA STATE CHAMPIONSHIP
SMALLBORE & HUNTER RIFLE SILHOUETTE
SPONSORED BY COASTAL GEORGIA GUN CLUB

DATES: April 18 & 19. The Standard rifle Match will be held on Saturday; the Hunting rifle Match will be held on Sunday.

ENTRY FEES: \$40 per day, \$75 for both days. Junior entries: \$20 per day, \$40 for both days. Fees include NRA and GSSA fees paid by each shooter. Make checks payable to: BARBARA SENBERTRAND and mail to CGGC, PO Box 365, Brunswick, GA 31521.

MEMBERSHIP: The NRA requires that competitors be NRA members in order to compete in a State Championship. GSSA Membership is required for Georgia residents. Out of state shooters must be members of their state associations. You can join GSSA at the match.

REGISTRATION: Registration forms along with checks or money orders must be received by April 6. **THE FIRST 50 ENTRIES WILL RECEIVE A FREE SOUVENIR TRAVEL MUG. EARLY REGISTRATION IS ENCOURAGED AS RANGE CAPACITY MAY BE REACHED BEFORE THE MATCH BEGINS.** Post entries will be accepted until match time or range capacity is reached.

RANGE CAPACITY: 80 per day. **DON'T MISS YOUR CHANCE TO PARTICIPATE, PLEASE REGISTER EARLY!**

PRACTICE: The range will be open for practice at 2:00 PM on Friday and from 8:00 to 8:45 AM on match days.

TIME: The matches will begin at 9:00 AM each day.

SQUADDING: Competitors will be allowed to choose their own starting target and relay provided they do so by 8:45 am Saturday morning. Competitors will score for the relay following them.

COURSE OF FIRE: Tournament will consist of two 40 shot matches each day as follows:

AM Match	10 shots at Chickens at 40 meters	PM Match	10 shots at Chickens at 40 meters
	10 shots at Javelinas at 60 meters		10 shots at Javelinas at 60 meters
	10 shots at Turkeys at 77 meters		10 shots at Turkeys at 77 meters
	10 shots at Rams at 100 meters		10 shots at Rams at 100 meters

Shoot-offs for ties and long run records will be fired after the tournament ends each day. Ties for A & B Classes will be resolved by reverse animal count. Anyone setting a record of any kind must notify the statistician immediately in order for paperwork to be completed. Awards will be based on the 80-shot aggregate.

TEAMS: There will be a three-person team championship held on each day, open to AAA teams (see rule 2.11). Teams must be registered prior to beginning the tournament each day. Awards will be presented to the first and second place teams. Participation in the team event is voluntary and separate from the match entry. The entry fee for each team will be a \$10.00 donation to Boy Scout Troup 224 (target setters).

RULES: Current NRA Smallbore Rifle Silhouette rules will apply. Open bolt indicators will be required. Please read and understand the rule book!

CLASSIFICATION: Section 19 will apply. Unclassified shooters will compete as Masters unless two are present to make a class. Lone competitors will shoot in the next higher class. Two competitors make up a stand-alone class.

AWARDS: Georgia Open State Champion award will be presented to the highest scoring competitor. The Georgia State Champion must be a Georgia resident. If a Georgia resident wins the Open Championship, only one award will be made. Second and Third Open awards will be presented. Class awards will be as follows: Two (2) places will be awarded in Master Class. Four (4) places will be awarded in AAA Class through B Class. Awards will also be presented to the High Senior, High Super Senior, High Lady, High Junior and High Sub-Junior each day. Awards will be plaques and will be presented at the conclusion of the second match each day.

MATCH SCHEDULE:

FRIDAY: 2:00 PM to 6:00 PM - practice.

SATURDAY: 8:00 am to 8:45 am - practice. Match begins at 9:00 am.

SUNDAY: 8:00 am to 8:45 am - practice. Match begins at 9:00 am.

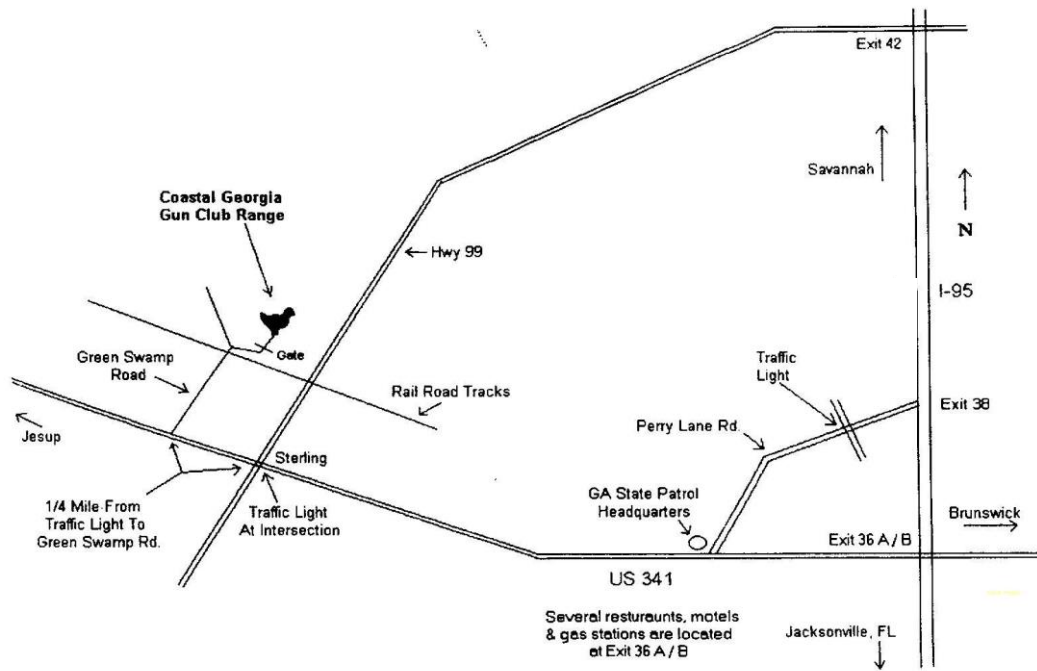
WAIVER OF LIABILITY: A waiver is included as part of the entry form. Please sign it and return with your entry. We must have a signed waiver if you wish to participate.

DIRECTIONS TO RANGE: From I-95 north or south take exit 36 B to highway 341 north; follow 341 for 4 miles to Green Swamp Road, turn right. Go straight for .6 miles. Turn right on the dirt road just past the railroad tracks (Gisco/Range Road), this road leads through the range gate.

MISCELLANEOUS: Lunch will be provided to registered shooters on Sat. & Sun. All others may purchase lunch for \$7.00 per person. There are 2 permanent bathrooms at the range. Drinking water will be available during the days of the match. Camper space is available; however, there are no hook-ups. If you wish to camp at the range, contact Barbara at 912-778-4577. Firing points are covered.

MOTELS: There are several hotels / motels available at or near I-95 EXIT 36 A/B, including Howard Johnson, Comfort Inn, Super 8, Ramada, Red Roof Inn, Jameson Inn and LaQuinta.

Directions from motels to range: exit motels, turn onto highway 341 north. Follow 341 for 4 miles to Green Swamp Road, turn right. Go straight for .6 miles. Turn right on the dirt road just past the railroad tracks (Gisco/Range Road), this road leads through the range gate.



MAP NOT TO SCALE

ENTRY FORM AND WAIVER

ENTRY FEES: \$40 per day, \$75 for both days. Junior entries: \$20 per day, \$40 for both days. Fees include NRA and GSSA fees paid by each shooter. Make checks payable to: BARBARA SENBERTRAND and mail to CGGC, PO Box 365, Brunswick, GA 31521.

NAME _____

ADDRESS _____

CITY/STATE _____ ZIP _____

PHONE _____ E-MAIL _____ @ _____

GSSA# (Required for GA Residents) _____ NRA# _____

CLASSIFICATION (Please circle) : HEAVY: M AAA AA A B UNC HUNTER: M AAA AA A B UNC

Special Awards – Please circle all that apply:

LADY SENIOR(60 & over) SUPER SENIOR (70 & over) JUNIOR (20 & under) SUB-JUNIOR (14 & under)

Please check if you would like to have \$5 per day from your entry fee donated directly to Boy Scout Troup 224 for the target setters. (This will not change the amount of your entry fee.) YES _____

PLEASE NOTE: THE FOLLOWING WAIVER IS REQUIRED IN ORDER TO PARTICIPATE

AGREEMENT, RELEASE AND WAIVER OF LIABILITY

In consideration of being permitted to participate in or assisting others in participating in shooting at **Coastal Georgia Gun Club**, and related events and activities, on behalf of myself, or a minor child or ward, heir, next of kin, personal representative, successor or assign:

I ACKNOWLEDGE, UNDERSTAND AND DECLARE THAT:

- A. To the best of my knowledge, I am in GOOD PHYSICAL CONDITION and have no disease or injury that would be aggravated by participating in activities related to the event;
- B. Participating or assisting others in the event may involve RISK OF INJURY TO ME, INCLUDING DEATH, LOSS OR DAMAGE TO ME OR MY PROPERTY, or other consequences, which might result not only from my own actions, in-actions or negligence but also the actions, in-actions or negligence of others, the rules of play, or the conditions of the premises or of any equipment used.
- C. There may be OTHER RISKS not known or not reasonably foreseeable; and Understanding Of All Of The Above.

I ASSUME ALL OF THE ABOVE RISKS AND RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE:

- A. **Coastal Georgia Gun Club**, its members or volunteers affiliated with this event.
- B. Any affiliated subsidiary, successor, organization, or related companies or businesses, other participants, participating or sponsoring municipalities, governmental agencies, international organizations, agencies, sponsors, or advertisers, the respective administrators, officers, directors, agents, representatives, employees, or volunteers of such entities or organizations;
- C. Owners, lessors and lessees of premises used to conduct the event FROM ANY AND ALL LIABILITY FOR INJURY, INCLUDING DEATH, LOSS OR DAMAGE TO PERSON OR PROPERTY OR ANY OTHER CONSEQUENCE including travel en route to and from the event.

I AGREE THAT:

I will ALLOW my PHOTOGRAPH, PICTURE OR LIKENESS and/or VOICE to APPEAR in any official documentary, promotional (including any and all advertisements), television, radio or film coverage of the event, WITHOUT COMPENSATION.

I CONSENT TO:

ALL EMERGENCY MEDICAL TREATMENT as may be deemed appropriate under existing circumstances by medical personnel or personnel associated with the event.

I HAVE READ THIS FORM IN ITS ENTIRETY AND HAVE PROVIDED TRUTHFUL INFORMATION.

_____/_____/_____
Name of Participant (**Print**) Date of Birth Age Home Phone

Address City State Zip Code

Name of Participant or Parent/Legal Guardian if Participant is a minor (**Print**). Signature of Participant Or Guardian Date