



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

<b>AWARD CLAIMED</b>	Date
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<b>MEMBERS DETAILS</b>		
Surname	Given names	
Address		Postcode
Email		
Club/Branch	SSAA Member No	Membership Expiry

<b>AWARD CLAIM DETAILS</b>		
Where shot	Competition	Distance

<b>FIREARM &amp; AMMUNITION DETAILS</b>		
Action	Barrel	Stock
Scope Make	Scope Power	Gunsmith
Calibre	Case	Load

<b>SCORE DETAILS</b>					
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		

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

<b>SIGNATURES</b>		
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***