



August 4, 2014 – August 10, 2014

# 2014 National Championships Target Puller APPLICATION

Application Deadline: May 1, 2014

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

MEMBER ID: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EVENING PHONE: \_\_\_\_\_ DAY PHONE: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

SHIRT SIZE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### MEDICAL INFORMATION:

Do you have any physical limitations or health conditions (s) that require you to limit your activities or working conditions? **Please be specific** and describe how to avoid any complications or job assignment conflicts.

\_\_\_\_\_  
\_\_\_\_\_

**ALLERGIES:** I have the following allergies / I am allergic to:

- Seasonal     
  Penicillin     
  Insect Stings     
  Nuts     
  Aspirin  
 Other(s) \_\_\_\_\_

**EXPERIENCE** I have the following experience with target pulling and/or scoring:

- \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_ Date: \_\_\_\_\_

**REFERENCES** (Please list any references relevant to your target pulling experience):

Reference Name (First, Last) \_\_\_\_\_ Phone \_\_\_\_\_

Reference Name (First, Last) \_\_\_\_\_ Phone \_\_\_\_\_

Reference Name (First, Last) \_\_\_\_\_ Phone \_\_\_\_\_

**ASSIGNMENT REQUEST:** I would like to help during

NRA Fullbore Championships Entire Phase Aug 4 – Aug 10 (Arrive: Aug 3 Depart: Aug 11)

**OR**

I would like to pull targets during a portion of the Fullbore Championships on the following dates (month/day):

First Day of Work \_\_\_\_/\_\_\_\_ thru Last Day of Work \_\_\_\_/\_\_\_\_. (Applicants who cannot work the entire week will be given second priority to those who are available for the entire championship)

**HOUSING AND PAY:** Target pullers are NOT volunteers. They will receive the following only:

- \$75/day flat rate, to be paid in a total lump sum at the end of service
- Free housing in either the barracks rooms building or new hutment, check in directly with the Camp Perry clubhouse

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**GUARDIAN PERMISSION:**

This statement must be signed by the parent or legal guardian of the volunteer (If the volunteer is under 18 years of age):

I, (*please print*) \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_, hereby give permission for my child to volunteer at NRA Headquarters applied through this application.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

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**APPLICANT SIGNATURE:**

I, (*please print*) \_\_\_\_\_, certify that the above information is true to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**ATTACH any additional letters of reference, or proof of experience,  
and MAIL along with completed application to:**

NRA Competitive Shooting Division  
Attn: Tournament Resources Target Pullers  
11250 Waples Mill Road  
Fairfax, VA 22030

**FAX:** 703-267-3941

**EMAIL:** [volunteer@nrahq.org](mailto:volunteer@nrahq.org)