**NOMINATION FOR 2025 VAPA ISSF/PA STATE TEAM**

**National Championships SISC May 2025 (TBC)**

**To be submitted by 30 Jun 202 to VAPA Team Manager** [teammanager@vapa.org.au](mailto:teammanager@vapa.org.au)

If after this date, please contact the Team Manager to discuss your nomination.

Please indicate the matches you wish to nominate for by inserting your grade and the highest score shot in Open competition in the past 12 months in the table below.

Please note it is mandatory to compete at the VAPA State Championships in the events you wish to be considered. Please contact the Team Manager to request an exemption if you are unable to attend.

|  |  |  |
| --- | --- | --- |
| **Nominated**  **Match** | **Grade** | **Highest Score the past 12 Months** |
| 50 M Pistol |  | /600 |
| 25 M Rapid Fire Pistol |  | /600 |
| 25 M Centre Fire Pistol |  | /600 |
| 25 M Standard Pistol |  | /600 |
| 10 M Air Pistol Men |  | /600 |
| 10 M Air Women |  | /600 |
| 25 M Pistol Women |  | /600 |
| 25 M Pistol Junior |  | /600 |
| 10 M Air Junior |  | /600 |
|  |  |  |
| WSPS | |  |

I wish to nominate to be considered in the events indicated below for the State Team that will represent VAPA at the 202 National Championships. I have read and agreed to the VAPA State Team Selection Method (found on the VAPA website). I undertake to abide by the decision of the Team Selection Sub-Committee and, if selected, the conditions of the State Team Agreement.

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| --- | --- | --- | --- |
| Name |  | | |
| Signature |  | Date |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name: |  | | | | | | |
| Preferred name |  | | | | | | |
| Address: |  | | | | | | |
| Suburb/Town |  | | | Postcode | |  | |
| Postal Address: |  | | | | | | |
| Suburb/Town |  | | | Postcode | | |  |
| Telephone: | Home |  | Business | |  | | |
|  | Mobile |  | Fax | |  | | |
| E-Mail: |  | | | | | | |
| Club: |  | | | | | | |