**NOMINATION FOR 2025 VAPA PA MATCHES STATE TEAM**

**National Championships Whiteman Park WA 2025 (22 – 30 Mar 25)**

**To be submitted by 30 June 2024 to VAPA Team Manager** 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 2024 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** |
| Black Powder 25 Metre |  | /400 |
| Black Powder 50 Metre |  | /400 |
|  |  |  |
| Service Pistol |  |  /900 /900/9/ |
| Service Pistol Unrest |  | /900 |
| Service Pistol 25yd Yards |  | /650 |
| WA 1500 (Revolver) |  | /1500 |
| WA 1500 (Auto) |  | /1500 |
| WA 1500 (Optics) |  | /1500 |
| WA60 Open |  |  /600 |
| WA60 Dist Rev |  |  /600 |
| WA60 Dist Pistol |  |  /600 |
| WA48 Stand Rev |  |  /480 |
| WA48 Stand Pistol |  |  /480 |
|  |  |  |

I wish to nominate to be considered in the events indicated below for the State Team that will represent VAPA at the 2024 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.

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

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