



THE DOMINION OF CANADA RIFLE ASSOCIATION
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2017 ICFRA F-CLASS WORLD CHAMPIONSHIP
SATURDAY 12 AUGUST TO MONDAY 14 AUGUST 2017

INDIVIDUAL ENTRY FORM

PLEASE READ THESE NOTES CAREFULLY

1. This form must be completed in all applicable sections and signed by the competitor.
2. Full payment, **in Canadian dollars only**, must accompany entry form to be registered in the match. Payment made by credit card will necessitate the addition of a 3% cost recovery charge. Wire transfers and electronic money transfers are also accepted.
3. **Entry is not confirmed until the entry fee is paid.** An exception may be granted for members of official International F-Class Teams from outside Canada. Such teams must notify the DCRA in writing not later than 1st April 2017 of their intention to participate; their strength; have submitted entry forms; and have agreed to pay to the DCRA all fees for their team members in bulk on arrival at Connaught.
4. DCRA Membership is compulsory for all participants.
5. Your PAL or Non-Resident Firearms Declaration must be presented when picking up squadding tickets. No tickets will be issued unless all entry and other fees, along with any other monies owed to DCRA, have been paid in full.
6. The FCWC Program will be available online at www.2017fcwc.ca and a booklet will be included with each competitor package to be picked up during registration.

PERSONAL INFORMATION (Please use BLOCK CAPITAL LETTERS)

SURNAME		FIRST NAME	
ADDRESS			CITY
PROV/STATE	POSTAL/ZIP CODE	COUNTRY	
HOME PHONE	ALTERNATE PHONE	E-MAIL	
DATE OF BIRTH (dd/mm/yyyy) / /	AGE ON 01 SEPT. 2017 Under 19 (J) <input type="checkbox"/> 19-24 (M) <input type="checkbox"/> 25-64 (X) <input checked="" type="checkbox"/> 65+ (O) <input type="checkbox"/>	GENDER Male <input type="checkbox"/> Female <input type="checkbox"/>	

COMPETITOR CLASSIFICATION

F/Open F/TR

CITIZENSHIP: Rule 1.01(5): "Canadian means a Canadian citizen, a member of the Canadian Armed Forces, or a landed immigrant who has been a resident of Canada for at least one year prior to the first day of the Meeting".

(A) Cdn under Rule 1.01(5)

(X) Non-Canadian

DCRA Membership	Membership Type	Cost	Pre-paid	Enclosed	Total
(Compulsory for all competitors. Indicate category and if prepaid or enclosed)	Life Member Insurance	\$ 20.00			\$
	Annual Full (over 25 on 1 April 2017)	\$ 135.00			\$
	Annual Under 25 (25 or under on 1 April 2017)	\$ 75.00			\$
	Associate/Non-Canadian	\$ 55.00			\$
PRA Membership	Member of PRA		Paid <input type="checkbox"/>	Not Paid <input type="checkbox"/>	
	Category: Life <input type="checkbox"/>	Annual Full <input type="checkbox"/>		Annual Under 25 <input type="checkbox"/>	

F-CLASS WORLD CHAMPIONSHIP SERVICES AND PAYMENT SUMMARY

Line	Service	Per Item Cost	Total Cost
A	World F-Class Championship Individual Entry Fee	\$400.00	\$
B	DCRA Membership	Varies/if required	\$
C	Full Results Booklet	\$ 25.00 each	\$
D	Rulebook (On Arrival)	\$ 12.00 each	\$
E	Donations to the DCRA (Receipt will be provided)		\$
F	Meal Plan (separate form)		\$
G	Total (Lines A to F)		\$

PAYMENT OPTIONS

I am paying by cheque (enclosed) as indicated in Line J above <input type="checkbox"/>		
I am paying by credit card and authorize the DCRA to add 3% (cost recovery) to the total amount <input type="checkbox"/>		
Card #	Expiry Date (mm/yy)	Security Code
/ /	/	/
Print Name	Date	Signature

I have read, understood, and agree to abide by the DCRA's testing procedure for F-TR rifles ([here](#)). I understand that should I refuse the DCRA's testing procedure I may be given the option to compete in F-Open.

_____ **Initial Here** (or N/A for F-Open competitors)

I have read, understood, and agree to abide by the DCRA's testing procedure for ballistic limits ([here](#)). I certify that the ammunition I am declaring is safe, and is within the DCRA's ballistic limits. I attest that the details provided in my ammunition declaration are true, and agree to provide samples of my ammunition to the Chief Range Officer, Match Referee, or other designated individual as requested.

_____ **Initial Here**

I have read, understood, and agree to abide by ICFRA's [Anti-Doping policy](#). I agree that I will provide a Therapeutic Use Exemption form to the designated Medical Advisor for review for any medications I am taking that are on the 2017 WADA Prohibited Substances list ([here](#)).

_____ **Initial Here**

I agree to abide by the Rules and Conditions governing these competitions. I certify that the information entered on this form is correct, and I accept full responsibility for any errors or misinformation. See Rule 26.02. I understand and agree that neither the Department of National Defence nor the Dominion of Canada Rifle Association is responsible in any way for the loss, theft or damage to personal firearms.

Notice: Canadian Forces Administration Order 36-52 requires that the firearms and ammunition used on DND ranges be serviceable and safe and that the Crown is indemnified from all liabilities arising from the use of the DND facility by the DCRA. I certify that the firearms and self-supplied ammunition I will use during the 2017 National Championships meet the conditions stated above. I indemnify the Crown from all liabilities arising from my use of Connaught Ranges.

_____ Date

_____ Signature of Competitor



COMPETITOR AMMUNITION DECLARATION



Cartridge	Bullet	G1 BC	Source of BC Data	Muzzle Velocity

I have fired this ammunition in the rifle(s) I will be using at the FCWC at Connaught and certify that I have determined it to be safe to use in my rifle(s) based on readily available recommendations provided by bullet, case and powder manufacturers and that it complies with DCRA Rule 11.21 (for all F-CLASS).

This ammunition I will be using is:

- Commercial, made by _____
- Handloaded by me
- Handloaded by _____

Date: _____

Signature: _____

Date: _____

Witness: _____