



The organization noted below wishes to conduct a CPCA sanctioned tournament.  
The supporting particulars are noted here:

### CLUB PARTICULARS

Name of Hosting Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

### MATCH PARTICULARS

Tournament Name: \_\_\_\_\_

Date of Tournament: \_\_\_\_\_ Range Location: \_\_\_\_\_

Match Director: \_\_\_\_\_ Official Referee: \_\_\_\_\_

Chief Range Officer: \_\_\_\_\_ Chief Statistical Officer: \_\_\_\_\_

Other Tournament Official: \_\_\_\_\_

Outdoor/Indoor Tournament: \_\_\_\_\_ Approved/Registered: \_\_\_\_\_

CPCA Distinguished Match: Revolver  Semi Auto  Both

**Note:** List additional tournament dates here:

### AGREEMENT

I, the undersigned, submit this Application, seeking authorization from the Canadian Police Combat Association to host a CPCA Sanctioned Police Pistol Combat Tournament. In making this application, I certify that our organization is an incorporated society and/or is a gun club "Approved" by the Attorney General in the Province in which our premises are located. I further agree that our organization will comply with the CPCA rules and regulations concerning Police Pistol Combat competition.

Submitted by: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

### SUBMIT TO

Email completed form to [forms@cpca-ppc.org](mailto:forms@cpca-ppc.org) EMTs to [treasurer@cpca-ppc.org](mailto:treasurer@cpca-ppc.org)

CPCA Affiliation Dues: Paid Previously  Paid by EMT  Cheque mailed to Treasurer

(If paying via EMT, please put your club name and "tournament application" in the comments section)