



NEW SOUTH WALES RIFLE ASSOCIATION INC.

NSWRA MEDAL FOR YEAR _____ / _____

THIS FORM IS TO BE COMPLETED AND RETURNED TO NSW RIFLE ASSOCIATION INC
ADVISING THE MEDAL WINNER FROM YOUR CLUB.

CLUB NAME _____

WINNER: _____

ADDRESS TO WHICH THE MEDAL IS TO BE SENT:

_____ P/CODE _____

CONDITIONS AND DATE OF COMPETITION USED TO DETERMINE
WINNER:

NOTE: IN ORDER TO OBTAIN THE MEDAL THIS FORM MUST BE
COMPLETED AND RETURNED TO:-

*NSWRA Inc
PO BOX 386
MAROUBRA NSW 2035*

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DATE _____ CAPTAIN'S SIGNATURE _____