

ANNEX R: INDIVIDUAL REGISTRATION FORM

NYARNG Annual Combat Marksmanship Skills Competition “TAG MATCH”

This individual registration form must be filled out for each participant and attached to the Team Registration Form. Any changes made to initial entry packets; whether it is the removal or addition of a team member, must be made on the Team Registration Form. Include the Individual Registration Form for the new participant.

Name: (Last, First, MI)		Rank/Grade:	SSN or DODID:
Home Address: (Street, City, State, Zip)			
Telephone: (Cell preferred)		Email:	
Unit Name & Address:		Unit POC (RNCO):	Unit Telephone:
Classification: <input type="checkbox"/> Novice <input type="checkbox"/> Open	Status: <input type="checkbox"/> AGR <input type="checkbox"/> No Pay <input type="checkbox"/> MDAY <input type="checkbox"/> Other <input type="checkbox"/> ADOS	Component: <input type="checkbox"/> ARNG <input type="checkbox"/> USAR <input type="checkbox"/> ANG <input type="checkbox"/> Other <input type="checkbox"/> NY Guard	
Matches: (***) <i>Utilize the Team Registration Form for team matches.</i> (***)			
Individual Rifle Matches: <input type="checkbox"/> Match 303 - The Run Down Match <input type="checkbox"/> Match 305 - Close Quarter Battle <input type="checkbox"/> Match 310 - Reflexive Fire <input type="checkbox"/> Match 321 – Excellence in Competition (EIC)		Individual Pistol Matches: <input type="checkbox"/> Match 201 - Individual Combat Pistol Match <input type="checkbox"/> Match 221 – Excellence In Competition	
The undersigned certifies that he/she has not been convicted of any act of domestic violence.			
Signature:			Date:

Submit all forms together to: ng.ny.nyarnng.list.nys-tag-match@army.mil

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC 3012 and EO 9397. **ROUTINE USES:** Assign individual to correct component, classification, event and prepare participant roster. Social security number or DODID is used for positive identification. Home address ensures the delivery of correspondence.