

ANNEX S: TEAM REGISTRATION FORM

NYARNG Annual Combat Marksmanship Skills Competition “TAG MATCH”

Team Captain: (Last, First, MI)		POC Telephone Number (cell preferred):		POC Email Address:		
Rifle: <input type="checkbox"/> Match 303T - Team Run Down Match <input type="checkbox"/> Match 305T - Team Close Quarters Battle Drill <input type="checkbox"/> Match 355 - Fire Team Assault Match Pistol: <input type="checkbox"/> Match 240 George Patton Combat Shoot <input type="checkbox"/> PT2350 Anti Body Armor (2 Man Team)				Team Name:		
Last Name	First Name	MI	Component	RANK	SSN or DODID	Novice or Open

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

TEAM CLASSIFICATION:

Team composition must have, at a minimum, 25% (1) new shooters (Novice Category). Team Captains will ensure proper team composition at team declaration time. Any team found in violation will be subject to disqualification of all matches fired with the improper team or removal from the match.

Signature _____ Date _____

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.