



PSMOC

PHILIPPINE SHOOTERS & MATCH OFFICERS CONFEDERATION, INC.

Unit 2-A Rexxons Arcade, 36 Xavierville Avenue, Loyola Heights, Quezon City

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Match Sanctioning Application Form

DATE OF FILING: _____

NAME OF MATCH: _____

SHOOTING RANGE ADDRESS: _____

DATE OF MATCH: _____ LEVEL: _____

ZONE: _____ DISTRICT: _____

HOST GUN CLUB: _____

SHOOTING FORMAT: PSMOC 3-GUN NATION USPSA STEEL CHALLENGE IMSSU

PSMOC SHOOTING FORMAT	HANDGUN	PRR	SHOTGUN	PCC	2GUN					3GUN					
					HG	PRR	SG	PCC	SSR	HG	PRR	SG	PCC	SSR	
LEVEL															
SPEED COURSE															
INTERMEDIATE COURSE															
ULTIMATE COURSE															
NO. OF STAGES															
TOTAL NO. OF ROUNDS															

MATCH ADMINISTRATOR ("MA") _____ CELL NO./EMAIL: _____

MATCH MASTER ("MM") _____ CELL NO./EMAIL: _____

CHIEF SCORE PROC. OFF. ("CSPO") _____ CELL NO./EMAIL: _____

CONTACT PERSON: _____ CELL NO./EMAIL: _____

We the undersigned, shall comply and enforce all the rules and regulations of the Philippine Shooters and Match Officers Confederation and the rules and regulations of the shooting discipline/ format/ organization to be used and implemented in the match / competition especially with regard to the safety of the competitors, match officials, spectators, and everybody in and around the shooting range and fully accept without reservation or conditions that any violation or deviation from the rules and regulations will automatically result in the cancellation or withdrawal of PSMOC sanctioning.

We have attached the Course of Fire diagrams and details together with all required documents. We fully understand that the courses of fire must be pre-approved before the start of the match for rules and safety compliance.

We understand and commit that we will provide adequate and decent meals & drinking water for the Match Officers/Officials and if necessary, comfortable lodging/hotel accommodation for the duration of the match.

Note:

If the Permit to Conduct Shooting Competition will not be approved by the Chief FEO, the PSMOC sanctioning of the match will be automatically cancelled/withdrawn.

CONFORME:

Signature and Printed Name of Gun Club President

Signature and Printed Name of Match Organizer

Contact Number

Contact Number

MATCH NAME: _____

FOR: HANDGUN

DIVISION/ CATEGORY	UNLIMITED	STOCK HI-CAP	SINGLE STACK	CLASSIC .45	LIMITED10	DOUBLE ACTION/ STRIKER FIRED	REVOLVER	CARRY OPTICS
DIVISION OVERALL								
JUNIOR								
LADY								
SENIOR								
SUPER SENIOR								
PNP/ LAWMAN								
NALECC								
AFP								
MATCH OFFICER								
OTHER								

MATCH	UNLIMITED	LIMITED
PRR		
PCC		
SHOTGUN		
2-GUN		

APPROVED BY THE SANCTIONING COMMITTEE:

MOO DISTRICT MANAGER

PSMOC DISTRICT MANAGER

ZONE DIRECTOR

MOO EXECUTIVE DIRECTOR

PSMOC CORPORATE SECRETARY

PSMOC PRESIDENT

CHAIRMAN / REGIONAL DIRECTOR