

The Cast Bullet Association, Inc.

Temperature:			Skies:			Winds:			Range Faces:	
SCORE AGGREGATES			5 SHOT GROUP AGGREGATES			10 SHOT GROUP AGGREGATES			RELAY	BENCH
100 Yd Score	200 Yd Score	Grand Agg. Score	100 Yd 5 Shot	200 Yd 5 Shot	100 / 200 MOA	100 Yd 10 Shot	200 Yd 10 Shot	100 / 200 MOA		
									\$ Paid ()	
<i>Match Directors: Enter Scores, Groups & Range Conditions In The Appropriate Boxes Above</i>									Left-hand Bench ()	

Entrant's Name: _____

Range: _____

Address: _____

Location: _____

City: _____ State: _____ Zip: _____

Date: _____

E-mail: _____

Home Range: _____ *If you are a guest at this shoot.*

CLASS	PRO () HVY () UNR ()
	LRH () Open () Military ()
	PBB () Breech Seat? Yes () No ()

Are You A CBA Member? Yes () No ()
Do You Reload At The Range? Yes () No ()
Do You Require A Left-hand Bench? Yes () No ()

ENTRANT'S TECHNICAL DATA USED IN A CBA REGISTERED SHOOT

<h3>NOTE TO COMPETITORS</h3> <p>Once the Equipment, Bullet & Load sections have been filled out the first time for each gun and submitted to the Director of Registered Competition, please, <u>only enter the data that is different</u> from the last time you used the gun below.</p> <p>If you shoot multiple firearms please be sure to adequately identify the gun in use at this match.</p>
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<h3>BULLET DATA</h3> <p><i>Is The Bullet Data The Same As Used Previously?</i> Yes () No () Same Except Where Listed Below ()</p>
Mould Manufacturer: _____
Mould Design #: _____
Bullet Weight as Loaded (gr.): _____
Gas Check: () Plain Base: ()
In Casting, do you use a ladle? () or bottom pour? ()
Do you heat treat your bullets? Yes () No ()
Do you "bump" your bullets? Yes () No ()
Alloy Used to Cast: _____
Nose Dia.: _____ Base Dia.: _____
Bullet Lubricant: _____

<h3>EQUIPMENT DATA</h3> <p><i>Is The Equipment The Same As Used Previously?</i> Yes () No () Same Except Where Listed Below ()</p>
Cartridge Designation: _____
Firearm Manufacturer: _____
Model: _____
Barrel Manufacturer: _____
Barrel Length in Inches: _____ Rifling Twist: 1: _____
Any Unusual Throating? YES () NO ()
If Yes, Specify: _____
Stock Manufacturer: _____
Scope Manufacturer: _____
Scope Power: _____ <i>If Variable Power, List Min. x Max.</i>
Gross Weight of Firearm With Scope: Lbs. _____ Oz. _____

<h3>LOAD DATA</h3> <p><i>Is The Load Data The Same As Used Previously?</i> Yes () No () Same Except Where Listed Below ()</p>
Powder Brand and Number: _____
Powder Charge (gr.): _____
Primer Brand and Number: _____
Muzzle Velocity (fps): _____ Est. () Chro. ()