## ATA TRAPSHOOTING ASSOCIATION

1105 East Broadway, PO Box 519, Sparta, IL 62286 TELEPHONE: (618) 449-2224 FAX: (866) 454-5198 WEB SITE: www.ShootATA.com

## **SHOOT FINANCIAL REPORT**

## INSTRUCTIONS FORM per SHOOT

- 1. Use ONLY ONE (1) FORM per SHOOT.
- 2. Report the number of REGISTERED SHOOTERS for EACH DAY of your SHOOT at below right.
- 3. To avoid \$25 late fine, entire shoot report must be mailed within 8 days after shoot (see rule boolk page 43).
- 4. All remittances to be in U.S. FUNDS.

FOR ATA USE ONLY	
SR NUMBER:	
Date PM	_
Date Rec.	_

GISTERED HOOTERS

SHOOT	DATE(S)	TO	

<b>USE PLASIC IMPRINT CARD OR PRINT</b>	DAY	SI
Club I.D. No.	1	
	2	
Club Name	3	
	4	
Cto., Co.,	5	
City, State, Zip	6	
	7	
Total Registered Shooters		

Total Registered Shooters	,	v		2.00 -		
Total Annual Memberships			-		-	
Total Annual Memberships Jr. or S. Jrs.			-		-	
Total Annual <b>AIM</b> Memberships		X	\$	12.00 =	\$	
Total Life Memberships		X	\$	13.00 =	\$	
Total Registered Shooters <b>Big 50</b>		X	\$	500.00 =	\$	
<b>,</b>		X	\$	1.50 =	\$	
Total Remittance (U.S. Funds)					\$	
(Mail to: A.T.A., PO Box 519, Sparta, IL 6	2286)					

## **CROSS REGISTERED EVENT CHECK LIST:**

- 1. Names, membership numbers and scores of all shooters cross registering.
- 2. Total number of shooters participating in each event and number who cross registered.

NUMBER OF SHOOTER ENTERED IN EACH EVENT	NUMBER WHO CROSS REGISTERED
Event 1:	
Event 2:	
Event 3:	
Event 4:	
Event 5:	
Event 6:	
Event 7:	
Event 8:	
Event 9:	
Event 10:	
Event 11:	
Event 12:	
Event 13:	
Event 14:	
Event 15:	
Event 16:	

- 3. Include copies of all earned yardage reports and note if shooter cross registered with ATA and if his/her card was punched.
- 4. Include shoot program.
- 5. Complete all information on the report to the left and submit fees within 10 days. Include name and phone number.