

**ALL ITEMS must be complete**

**PITA Trapshooting Application Form/Club Information**



**PACIFIC INTERNATIONAL TRAPSHOOTING ASSOCIATION**

**P.O. BOX 5276**

**(208) 312-0314**

**Twin Falls, ID 83303**

**e-mail: info@shootpita.com**

**This application form must be used for all PITA registered shoots.** Clubs may request as many registered shoots in the course of a year as they desire . These shoots may be registered at any time prior to 48 hours before the event. It is recommended that applications include shoot dates for November/December of the following target year and be filed by September 1.

**1. \_\_\_\_\_**

**Name of the club as you wish it displayed in yearbook and PITA web-site**

**2. \_\_\_\_\_**

**Mailing address for shipment of shoot materials**

**zip code/postal code**

**3. \_\_\_\_\_**

**Physical address of club if different than mailing address**

**4. \_\_\_\_\_**

**Contact person**

**title**

**phone number**

**e-mail address**

**SHOOT DATES REQUESTED:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WE AGREE TO CONDUCT OUR SHOOTS UNDER THE FOLOWING:**

1. We will follow PITA rules and conduct the shoot(s) strictly in accordance with them.
2. We will print the Registration Certificate statement in our shoot program: "The (name) Gun Club has been authorized to hold a registered shoot on (date). PITA rules will govern this shoot and scores shot will be included in the official record.
3. One copy of the printed shoot program will be e-mailed or mailed to the PITA office prior to the shoot.
4. We will enforce the rules regarding the payment of individual PITA affiliation dues and registration fees, and submit all monies/reports due within ten (10) of the shoot.
5. **If using computer software to cashier the shoot we will forward scores/backup files to PITA within 3 days of the shoot.**

Note: State/Provincial forms are furnished by your State/Provincial Secretary and have their own instructions and requirements.

**HIGH OVER ALL PINS NEEDED**

\_\_\_ SET(S)-5 PINS (AA-A-B-C-DSINGLES)

\_\_\_ SET(S)-4 PINS (A-B-C-DSINGLES)

\_\_\_ SET(S)-3 PINS (A-B-CSINGLES)

When this application is completed and signed, mail or email to your State or Provincial Association Secretary for approval. The State/Provincial Secretary will forward the application to the PITA office for certification. Membership applications and reporting forms are available on the FORMS page of www.shootpita.com or may be requested from the PITA office.

**State/Provincial Secretary and Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form Completed by: Name/Title

Date

Approved by: State/Provincial Secretary

Date