

APPLICATION FOR MISSOURI STATE TEAM

Team Category: _____ (Men's, Lady's, Veteran, Senior Veteran, Junior, Sub-Junior)

Date of Birth: _____

Month

Day

Year

Name: _____

ATA Number: _____

Phone Number: _____

Email address: _____

Mailing address: _____

Street

City

State _____ Zip _____

Place and date you shot a Missouri Zone Shoot: _____

Championship events you shot at Missouri State Shoot: _____

Did you change category during the target year: Yes _____ No _____

If you changed category during target year, state new category _____ and date changed _____

Mail completed form to: Missouri Trapshooters Association

51 Trapshooters Rd

Linn Creek, Mo 65052

Or

Email completed form to: motraps@gmail.com