



SEND FORM TO:
Amateur Trapshooting Association/AIM Coaching
PO Box 519 Sparta, IL 62286
Fax: (866) 454-5198
Phone: (618) 449-2224

Email: aim@shootata.com

AIM Coach Registration Form

(Please print clearly)

Personal Information (*required)

*Last Name: _____ *First Name: _____ *MI: _____

*Address: _____

*City: _____ *State: _____ *Zip: _____

e-mail Address: _____ *Age 21+? _____

Telephone: _____ (Check one: Day, Night, Cell)

*School or Club Affiliation: _____

Address: _____

City: _____ State: _____ Zip: _____

ATA Shooting Coach Credential Number: _____

ATA Shooting Coach Credential Expiration Date: _____

*I will abide by the Coaching Ethics Code (Sign and Date):

_____ (Date) _____

My Coaching Staff Includes (attach additional pages as necessary):

*Last Name: _____ *First Name: _____ *MI: _____

*Address: _____

*City: _____ *State: _____ *Zip: _____

e-mail Address: _____

Telephone: _____ (Check one: Day, Night, Cell)

*I will abide by the Coaching Ethics Code (Sign and Date):

_____ (Date) _____

Official Youth Program of the ATA