





# ATA TRAP SHOOT ROCKY WILLMUTH SHOOTING SPORTS 3600 NO. ST. LOUIS ST. BATESVILLE, AR 72501

## April 13, 2019

Registration will begin at 8:00 A.M. <u>Pre-Registration is strongly advised to save you time.</u> Practice Round \$1.00 for 5 targets or \$5.00 for 25 targets Practice 8:00 to 8:45 A.M. Tournament shooting starts at 9:00 A.M <u>Special category shooters must declare their category at time of</u> <u>classification.</u>

EVENT I 100 – 16YD SINGLE TARGETS (Limited to 100 shooters) TARGETS & AWARDS \$ 30.00 INDIVIDUAL AWARDS: CHAMPION -- AA - A - B - C - D INDIVIDUAL AWARDS: CHAMPION -- SUB-JUNIOR -- JUNIOR GOLD - LADY -- VET -- SR. VET -- SINGLES CHAMPION

EVENT II 100 HANDICAP TARGETS TARGETS & AWARDS \$ 30.00 INDIVIDUAL AWARDS: CHAMPION – RUNNER-UP \_ YARDAGE GROUPS (18-21) – (22-24) – (25-27)

EVENT III 50 PAIR DOUBLE TARGETS TARGETS & AWARDS \$ 30.00 INDIVIDUAL AWARDS: CHAMPION – RUNNER-UP – THIRD PLACE

## INDIVIDUAL AWARD: HOA CHAMPION

## OTHER FEES (ONCE DAILY) ATA \$ 3.00 - ASTF \$ 3.00

All Targets will be shot 100 to a Trap

A.T.A. rules and regulations will govern this shoot. Not responsible for accidents. Shoot at own risk. All events may be altered or cancelled entirely for any reason without prior notice by shoot management. The shoot management is the final authority in any and all matters. All shooters must be members of the A.T.A. and A.S.T.F. Proof of membership is required. You may join at the shoot. Eye and Ear protection is mandatory.

## ALL Credit Cards are accepted. Shells are available for purchase.

## IF YOU HAVE ANY QUESTIONS PLEASE CALL MARK WYATT 870-612-4125





## 2019 ATA Shoot ⇒ PRE-REGISTRATION FORM €

Shoot Date: April 13, 2019

### Shoot Information

Team Name or Parent Name (if Individual): Gun Club/Shoot Location: Rocky Willmuth Shooting Sports Complex Location: 3600 No. St. Louis St. Batesville, AR 72501 870-698-0361

## Coach Information (or Parent Information for Individual)

| Coach's Name:      | Coach's Cell Number: | Coach's Cell Number: |  |  |  |
|--------------------|----------------------|----------------------|--|--|--|
| Coach's Address: _ |                      |                      |  |  |  |
| Coach's City:      | State:               | Zip:                 |  |  |  |
| Coach's Email:     |                      |                      |  |  |  |

## Other Information

• **MUST PRE-REGISTER BY 4/10/19** • See accompanying program for important details • Current ATA-AIM & ASTF (state) memberships required prior to shoot • Squad below in order of shooting; Team or Individual • Furnish your own ammunition; #7 ½ or 8's **Lead** only • Ammo available in Club House • 100 Singles, 100 Handicaps, 50 Pair of Doubles • Shoot cost \$30 per event plus \$6 Daily Fees • Lots of GREAT PRIZES!

| Age to - 14Sub-JuniorAge 15 - 17JuniorAge 18 - 22Jr. Gold | ATA CATEGORY | (below):   |
|---|--------------|------------|
| Age 15 - 17 Junior<br>Age 18 - 22 Jr. Gold                | Age to - 14  | Sub-Junior |
| Age 18 - 22 Jr. Gold                                      | Age 15 - 17  | Junior     |
|   | Age 18 - 22  | Jr. Gold   |

| ATA CATEGORY (below): |             |  |  |  |  |
|-----------------------|-------------|--|--|--|--|
| Lady                  | All         |  |  |  |  |
| Veteran               | Age 65 - 69 |  |  |  |  |
| Sr. Veteran           | Age 70 - Up |  |  |  |  |
|                       | •           |  |  |  |  |

#### Shooter Information

|                       |   | e_Shooting: Singles<br>Category: |  |   |
|-----------------------|---|----------------------------------|--|---|
| First Name:           |   | Last Name: _                     |  |   |
| Pleas                 | se Check What You Will E  | Be Shooting: Singles             | Handicaps  | _ Doubles   |
| NDIVIDUAL (check one) | DOB://  | Category:                        | Av   | verage:   |
| First Name:           |   | Last Name: _                     |  |   |
| Plea                  | se Check What You Will  | Be Shooting: Singles             | Handicaps  | Doubles   |
| NDIVIDUAL (check one) | DOB://  | Category:                        | Av   | verage:   |
| First Name:           |   | Last Name:                       |  |   |
| Plea                  | ase Check What You Will   | Be Shooting: Singles             | Handicaps  | Doubles   |
| NDIVIDUAL (check one) | DOB://  | Category:                        | Average:   |   |
| First Name:           |   | Last Name: _                     |  |   |
| Ple                   | ease Check What You Wil   | l Be Shooting: Singles           | Handicaps  | Doubles   |
| NDIVIDUAL (check one) | DOB://  | Category:                        | Ave  | rage:   |
| First Name:           |   | Last Name: _                     |  |   |
|                       | First Name:Pleas<br>NDIVIDUAL (check one)<br>First Name:<br>Plea<br>NDIVIDUAL (check one)<br>First Name:<br>NDIVIDUAL (check one)<br>First Name:<br>Plea<br>NDIVIDUAL (check one) | First Name:                      | First Name:  Last Name:   Please Check What You Will Be Shooting: Singles    First Name:  Last Name:    Please Check What You Will Be Shooting: Singles    Please Check What You Will Be Shooting: Singles    NDIVIDUAL (check one)  DOB:  _/ Category:    Please Check What You Will Be Shooting: Singles    Please Check What You Will Be Shooting: Singles | NDIVIDUAL (check one) DOB:// Category: Av   First Name:Please Check What You Will Be Shooting: Singles Handicaps    NDIVIDUAL (check one)  DOB:// Category: Av   Please Check What You Will Be Shooting: Singles Handicaps   Please Check What You Will Be Shooting: Singles Handicaps   Please Check What You Will Be Shooting: Singles Handicaps   Please Check What You Will Be Shooting: Singles Av   Please Check What You Will Be Shooting: Singles Av   Please Check What You Will Be Shooting: Singles Av   Please Check What You Will Be Shooting: Singles Av   Please Check What You Will Be Shooting: Singles Av |

■ ALL FEES PAYABLE TO 'ICSS' THE DAY OF THE SHOOT ■ PLEASE PRINT & COMPLETE FORM(s) ■ **PRE- REG. FORM(S) DUE: Wed. April 10, 2019**. Fax shoot registration to: 870-698-0361 or Scan & email forms to: <u>contact@indcotrap.net</u>

Questions: Call Mark Wyatt at 870-612-4125