



# OFFICIAL A.T.A. REGISTERED SHOOT CANCELLATION NOTICE

PLEASE INFORM YOUR STATE ASSOCIATION OFFICIALS OF ALL SHOOT CANCELLATIONS

Gun Club # \_\_\_\_\_ Gun Club Name \_\_\_\_\_

City & State Location \_\_\_\_\_

Shoot Date \_\_\_\_\_ Phone # or Email \_\_\_\_\_

Reason for Cancellation \_\_\_\_\_

\_\_\_\_\_

Submitted by \_\_\_\_\_ Date \_\_\_\_\_



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