

AMATEUR TRAPSHOOTING ASSOCIATION 1105 East Broadway PO Box 519 Sparta, IL 62286

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TARGET HISTORY REQUEST FORM

A.T.A. #					
NAME					
NAMELast		First	Middle Initial		
ADDRESS					
	Street				
City		State	Zip		
1) What year did you b	pegin shooting registere	ed targets			
2) Are there any years in which you stopped shooting and started again				YES	NC
	If yes, what years	To _			
3) Have you ever shot targets under a different or maiden name				YES	NC
If yes, please print the name					
4) Have you always been a resident of the state in which you are currently living				YES	NC
	If no, please print the	e states and years in v	vhich you lived while shooting	j	
State:		Yea			