

**ENTRY FORM FOR M.T.A. TEAM SHOOT**  
**ON SATURDAY MARCH 17, 2019**

Sponsor or team name: \_\_\_\_\_

Team Captain name: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Team Members Name:

Post	ATA #(if available)	Name & Address/Phone # (required if no ATA#)
#1	_____	_____
#2	_____	_____
#3	_____	_____
#4	_____	_____
#5	_____	_____

**Play the Team Lewis**                      **Yes** \_\_\_\_\_                      **No** \_\_\_\_\_

We \_\_\_\_\_ (team or Captain name) plan to attend the MTA team shoot on Saturday, March 18, 2017 and would like to enter this event.

Please reply to any of the following:    MTA, 51 Trapshooters Rd, Linn Creek, Mo 65052  
Fax# 573-346-4507  
e-mail: motraps@gmail.com