APPLICATION FOR MISSOURI STATE TEAM

Team Category:_____(Men's, Lady's, Veteran, Sr Veteran, Junior, Sub-Junior)

Date of Birth: _____
Month Day Year

Name: _____

ATA Number:_____

Email Address: _____

Mailing Address: _____
Street City Zip

Championship events you shot at Missouri State Shoot: _____

Did you change categories during target year: Yes_____ No_____

If you changed category during target year, State new Category_____ and Date Changed_____

Mail completed form to: Missouri Trapshooters Association
51 Trapshooters Road
Linn Creek, Mo 65052

OR: Email completed form to: motraps@gmail.com