

ENTRY FORM FOR M.T.A. TEAM SHOOT

Date: _____

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 and would like to enter this event.

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