APPLICATION FOR MISSOURI STATE TEAM

Team Category:	(Men's, Lady's , Sub Sub Junior, Junior, J		enior Vetera	an,
Date of Birth: Month Day	Year			
Name:				
ATA Number:				
Phone Number:				
Email address:				
Mailing address:Street			State	Zip
Championship events shot at Missour				•
Category Classification at Missouri S	state Shoot:		_	
Did you change category during the t	arget year? Yes	No		
If you changed category during targe	t year, state new category	yand d	ate of chang	e
1 Traps	ri Trapshooters Associat shooters Rd. reek, MO 64052	ion		

OR

email completed form to: motraps@gmail.com

ADPPLICATION MUST BE SUBMITTED NO SOONER THAN SEPTEMBER 1 AND MUST BE RECEIVED NO LATER THAN NOVEMBER 1