ENTRY FORM FOR M.T.A. TEAM SHOOT
ON SATURDAY MARCH 14, 2026

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 14, 2026 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