



**ATA TRAP SHOOT
ROCKY WILLMUTH SHOOTING SPORTS
3600 NO. ST. LOUIS ST.
BATESVILLE, AR 72501**

November 3, 2018

Registration will begin at 8:00 A.M. Pre-Registration is strongly advised to save you time.
Practice Round \$1.00 for 5 targets or \$5.00 for 25 targets Practice 8:00 to 8:45 A.M. Tournament shooting starts at 9:00 A.M. Special category shooters must declare their category at time of classification.

EVENT I

100 – 16YD SINGLE TARGETS (Limited to 100 shooters)

TARGETS & AWARDS \$ 30.00

INDIVIDUAL AWARDS: CHAMPION – AA - A - B - C - D

**INDIVIDUAL AWARDS: CHAMPION – SUB-JUNIOR – JUNIOR – JUNIOR GOLD - LADY – VET – SR.
VET – SINGLES CHAMPION**

EVENT II

100 HANDICAP TARGETS

TARGETS & AWARDS \$ 30.00

INDIVIDUAL AWARDS: CHAMPION – RUNNER-UP _ YARDAGE GROUPS (18-21) – (22-24) – (25-27)

EVENT III

50 PAIR DOUBLE TARGETS

TARGETS & AWARDS \$ 30.00

INDIVIDUAL AWARDS: CHAMPION – RUNNER-UP – THIRD PLACE

INDIVIDUAL AWARD: HOA CHAMPION

OTHER FEES (ONCE DAILY) ATA \$ 3.00 – ASTF \$ 3.00

All Targets will be shot 100 to a Trap

A.T.A. rules and regulations will govern this shoot. Not responsible for accidents. Shoot at own risk. All events may be altered or cancelled entirely for any reason without prior notice by shoot management. The shoot management is the final authority in any and all matters. All shooters must be members of the A.T.A. and A.S.T.F. Proof of membership is required. You may join at the shoot. Eye and Ear protection is mandatory.

ALL Credit Cards are accepted. Shells are available for purchase.

IF YOU HAVE ANY QUESTIONS PLEASE CALL BOB COPELAND 501-593-1426



2018 ATA Shoot

≧ PRE-REGISTRATION FORM ≦

Shoot Date: **Saturday - 11/3/2018**

Shoot Information

Team Name or Parent Name (if Individual): _____

Gun Club/Shoot Location: **Rocky Willmuth Shooting Sports Complex**

Location: **3600 No. St. Louis St. Batesville, AR 72501 870-698-0361**

Coach Information (or Parent Information for Individual)

Coach's Name: _____ Coach's Cell Number: _____

Coach's Address: _____

Coach's City: _____ State: _____ Zip: _____

Coach's Email: _____

Other Information

● **MUST PRE-REGISTER BY 11/1/18** ● See accompanying program for important details ● Current ATA-AIM & ASTF (state) memberships required prior to shoot ● Squad below in order of shooting; Team or Individual ● Furnish your own ammunition; #7 ½ or 8's **Lead** only ● Ammo available in Club House ● 100 Singles, 100 Handicaps, 50 Pair of Doubles ● Shoot cost \$30 per event plus \$6 Daily Fees ● **Lots of GREAT PRIZES!**

ATA CATEGORY (below):
 Age to - 14 Sub-Junior
 Age 15 - 17 Junior
 Age 18 - 22 Jr. Gold

ATA CATEGORY (below):
 Lady All
 Veteran Age 65 - 69
 Sr. Veteran Age 70 - Up

Shooter Information

POST #1 _____ Please Check What You Will Be Shooting: Singles _____ Handicaps _____ Doubles _____
 _____ TEAM or _____ INDIVIDUAL (check one) DOB: ___/___/___ Category: _____ Average: _____

ATA#: _____ First Name: _____ Last Name: _____

POST #2 _____ Please Check What You Will Be Shooting: Singles _____ Handicaps _____ Doubles _____
 _____ TEAM or _____ INDIVIDUAL (check one) DOB: ___/___/___ Category: _____ Average: _____

ATA#: _____ First Name: _____ Last Name: _____

POST #3 _____ Please Check What You Will Be Shooting: Singles _____ Handicaps _____ Doubles _____
 _____ TEAM or _____ INDIVIDUAL (check one) DOB: ___/___/___ Category: _____ Average: _____

*ATA#: _____ First Name: _____ Last Name: _____

POST #4 _____ Please Check What You Will Be Shooting: Singles _____ Handicaps _____ Doubles _____
 _____ TEAM or _____ INDIVIDUAL (check one) DOB: ___/___/___ Category: _____ Average: _____

ATA#: _____ First Name: _____ Last Name: _____

POST #5 _____ Please Check What You Will Be Shooting: Singles _____ Handicaps _____ Doubles _____
 _____ TEAM or _____ INDIVIDUAL (check one) DOB: ___/___/___ Category: _____ Average: _____

ATA#: _____ First Name: _____ Last Name: _____

■ ALL FEES PAYABLE TO 'ICSS' THE DAY OF THE SHOOT ■ PLEASE PRINT & COMPLETE FORM(S) ■
PRE-REG. FORM(S) DUE: Thur. Nov. 1st. Fax shoot registration to: 870-698-0361 or Scan & email forms to: bobc@indcotrap.net

Questions: Call Bob Copeland at 501-593-1426