

REQUEST FOR CREDENTIALING AS ATA SHOOTING COACH

(For use by Graduates of the NRA/USAS Shotgun coach School ONLY)

NAME: _____

STREET ADDRESS: _____

City: _____ State/Prov: _____ Zip/Postal Code: _____

E-MAIL ADDRESS: _____

TELEPHONE: (day, night, cell) _____

ATA MEMBERSHIP NUMBER: _____

I AM AN NRA/USAS/ATA SHOTGUN COACH LEVEL: _____

NRA/USAS/ATA SHOTGUN COACH EXPIRATION DATE: ____/____/____

I AM IN POSSESSION OF AND HAVE READ THE NRA/ATA TRAP COACH SCHOOL
TRAPSHOOTING FUNDAMENTALS CHAPTER.

(signed) _____ Date ____/____/____

REFERRALS (Please check one):

 ATA may provide my name and contact information to those seeking a
Trap Coach. I do not wish to be referred to those seeking a Trap Coach.

Coach patch/rocker sets @ \$ 5.00 per set \$ _____

Total payment remitted \$ _____

 Check enclosed (payable to ATA) Credit Card: Card Type: _____ Expiration Date: _____

Card Number: _____

Last three digits on back of credit card: _____

Send Request Form with payment to ATA, Attn: ATA Shooting Coach Program, 601 W. National Road,
Vandalia, OH 45377. For more information, call ATA Coaching 937-898-4638.