



2010 Arkansas ATA AIM Shoot

REGISTRATION FORM

Shoot Date: 04/24/2010

ATA Region: Southwest

Shoot Information

Team Name: _____

School/Club/Other Affiliation: _____

Shoot Location (Club Name): Remington Gun Club - 501-676-2677

Gun Club Location: I-40 East of Little Rock; Exit 169; 1 mile South; gun club is on the right

Location City/State: Lonoke, AR

Coach Information

Coach's Name: _____ Coach's Contact Number: _____

Coach's Address: _____

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

Coach's Email: _____

Other Information

- *ATA and AIM Membership is required prior to shooting • PLEASE SEE ACCOMPANYING PROGRAM FOR PERTINENT DETAILS •
- Register as an INDIVIDUAL or a 5-member TEAM (*check appropriate box below*). • Team should squad in the order they will shoot with Post 1 as Team Captain. • 100-bird event • Day of shoot: \$24 (+ paid ASTF membership) • Furnish own ammunition
- Coaches: Please be prepared to pay for all participants upon arrival at Remington Gun Club - *cash or check only*

CATEGORY:

Age 11 & Under	Pre-Sub
Age 12-14	Sub-Junior
Age 15-18	Junior
Age 18-23	Grad./Collegiate

CLASS: PRE-SUB

Class A: 100-80%
 Class B: 70% & under 80%
 Class C: 60% & under 70%
 Class D: under 60%

CLASS: SUB-JUNIOR

Class A: 100-90%
 Class B: 80% & under 90%
 Class C: 70% & under 80%
 Class D: under 70%

CLASS: JUNIOR, GRADUATE & COLLEGIATE

Class A: 100-95%
 Class B: 91% & under 95%
 Class C: 80% & under 91%
 Class D: under 80%

NEW "ATA" SHOOTERS: Disregard "Class" and list in "Average" below the number of targets broken out of a practice round of 25. *Example: 16* **EXPERIENCED "ATA" SHOOTERS:** Determine AIM Class "A", "B", "C" or "D" above based on ATA average.

Shooter Information

POST #1

___ TEAM *or* ___ INDIVIDUAL (*please check one*) DOB: ___/___/___ Category: _____ Average: ___ Class: ___

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

POST #2

___ TEAM *or* ___ INDIVIDUAL (*please check one*) DOB: ___/___/___ Category: _____ Average: ___ Class: ___

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

POST #3

___ TEAM *or* ___ INDIVIDUAL (*please check one*) DOB: ___/___/___ Category: _____ Average: ___ Class: ___

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

POST #4

___ TEAM *or* ___ INDIVIDUAL (*please check one*) DOB: ___/___/___ Category: _____ Average: ___ Class: ___

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

POST #5

___ TEAM *or* ___ INDIVIDUAL (*please check one*) DOB: ___/___/___ Category: _____ Average: ___ Class: ___

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

■ PLEASE PRINT FORM(S) ■ SCAN & EMAIL completed forms by **TUESDAY, APRIL 20th** to: peteyc@cebridge.net *OR*
 US MAIL by **SATURDAY, APRIL 17th** TO: AIM Registration, C/O Petey Chambless, 61 Vestal Drive, Lonoke, AR 72086
Questions: Contact Petey or Renae Chambless at 501-676-3255 after 5:00 p.m.