

NEW YORK STATE AMATEUR TRAPSHOOTING ASSOCIATION, INC.

SINCE 1858



**Form for Club Champion & Club Team Race
at New York State Shoot on Saturday's
Championship Singles**

**Must be filled out and returned to NYSATA Secretary
before the NYS State Shoot to be eligible.**

Club Name _____

Date of shoot _____

	<u>ATA Number</u>	<u>Name</u>	<u>Score</u>
Club Champion	_____	_____	_____
Runner Up	_____	_____	_____
3rd Place	_____	_____	_____
4th Place	_____	_____	_____
5th Place	_____	_____	_____
6th Place	_____	_____	_____
7th Place	_____	_____	_____
8th Place	_____	_____	_____
9th Place	_____	_____	_____
10th Place	_____	_____	_____

Please indicate with an "X" the top 5 competitors that will be competing for your club. It is your trap chairman's duty to make sure competitors are competing for only one club. Shooters representing more than one club will be disqualified.