

**TO THE MINNESOTA TRAPSHOOTING ASSOCIATION
PO BOX 292 BUFFALO, MN 55313**

At the registered competition of the

(Name of Club)

held at _____ on _____ **2015**
regularly qualified contestants paid the MTA daily fee of
\$3.00 as follows:

1st Day	_____ Entries @ \$3.00 each	\$	_____
2nd Day	_____ Entries @ \$3.00 each	\$	_____
3rd Day	_____ Entries @ \$3.00 each	\$	_____
4th Day	_____ Entries @ \$3.00 each	\$	_____
5th Day	_____ Entries @ \$3.00 each	\$	_____
TOTAL MTA DAILY FEES		\$	_____

Secretary, Cashier or Treasurer

Address

NEW adult shooter rebate: Nmbr of Shooters ___x\$10 = _____

NEW JR/SBJR shooter rebate: Nmbr of Shooters ___x\$12= _____

After completion of the schedule event, return the following information to the MTA (address listed above):
 - *This completed form*
 - *Pink copy of the ATA Registered Scores form; OR*
 - *ATA data report created by PC program*

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