MINNESOTA TRAPSHOOTING ASSOCIATION **1938 W DIVISION ST** ST CLOUD MN 56301

At the registered competition of the At the registered competition of the (Name of Club) (Name of Club) Held on (date) _____ Held on (date) _____ regularly qualified contestants paid the MTA daily fee of \$4.00 as follows: \$4.00 as follows:
 1st Day
 Entries @ \$4.00 each
 \$

 2nd Day
 Entries @ \$4.00 each
 \$

 3rd Day
 Entries @ \$4.00 each
 \$

 4th Day
 Entries @ \$4.00 each
 \$
5th Day _____ Entries @ \$4.00 each \$ TOTAL MTA DAILY FEES \$ TOTAL MTA DAILY FEES Secretary, Cashier or Treasurer Address Address NEW SHOOTER REBATES:

Immediately following the event, please remit this form along with a check to the MTA at the address above.

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| 1st Day | Entries @ \$4.00 each | \$ |
|---------|-----------------------|--------|
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| 3rd Day | Entries @ \$4.00 each | \$ |
| 4th Day | Entries @ \$4.00 each | \$ |
| 5th Day | Entries @ \$4.00 each | \$ |
| | | |

Secretary, Cashier or Treasurer

\$

Number of NEW adult shooters_____x\$10=_____

Number of NEW JR/SBJR shooters_____ x\$12=

NEW SHOOTER REBATES:

Number of NEW adult shooters_____x\$10=_____

Number of NEW JR/SBJR shooters x\$12=