

**WTA Youth Development Program  
Participation at State Championship  
Event Form**

**Must be received by July 10, 2009**

Sponsoring Club: \_\_\_\_\_

**Participants**

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ ATA Member (Y / N)  
Circle gauge of gun to be used: 20ga 16ga 12ga

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Full Name: \_\_\_\_\_  
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