

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

Must be received by July 8, 2011

Sponsoring Club: _____

Participants

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

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

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

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

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