



## REQUEST FOR CREDENTIALING AS ATA SHOOTING COACH

For use by graduates of the NRA/USAS Shotgun Coach School ONLY

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

ATA MEMBERSHIP NUMBER: \_\_\_\_\_ I AM AN NRA/USAS SHOTGUN COACH LEVEL: \_\_\_\_\_

Does a new ATA Coaching Card need to be sent?  Yes  No

**I AM IN POSSESSION OF AND HAVE READ THE NRA/ATA TRAP COACH SCHOOL TRAPSHOOTING FUNDAMENTALS CHAPTER.**

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**REFERRALS** (Please check one):

ATA may provide my name and contact information to those seeking a Trap Coach.

I do not wish to be referred to those seeking a Trap Coach.

**PAYMENT:** Patch/Rocker Set: **\$5.00 per set.**

Total payment remitted \$ \_\_\_\_\_

Check enclosed (payable to ATA)

Credit Card:  Visa  Mastercard  Discover

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV: \_\_\_\_\_

Signature: \_\_\_\_\_

Please send request form, payment, & copy of NRA/USAS Shotgun Coach School Card to: **Attn. ATA Shooting Coach Program**  
**PO Box 519, Sparta, IL 62286.** For more information, please contact [coaching@shootata.com](mailto:coaching@shootata.com) or (618) 449-2224.