



REQUEST FOR CREDENTIALING AS ATA SHOOTING COACH

For use by graduates of a comprehensive coach education program ONLY

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____

TELEPHONE: _____

ATA MEMBERSHIP NUMBER: _____ I AM ASHOTGUN COACH LEVEL: _____

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

I AM IN POSSESSION OF A CERTIFICATE WITH SIGNATURE FROM THE INSTRUCTOR OF THE COACH EDUCATION PROGRAM AND WILL PROVIDE IT TO PROVE COMPLETION.

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 certificate to: **Attn: ATA Shooting Coach Program PO Box 519, Sparta, IL 62286.** For more information, please contact coaching@shootata.com or (618) 449-2224.