



AIM State Championship Team / Individual Registration

Submit this form to your AIM State Director

Participant Type State Shoot Date

Shoot Information

Team Name

School/Club Affiliation

Shoot Location (Club Name)

Location City State

Coach Information

Coach's Name Coach's Phone Number

Coach's Address

Coach's City State Coach's Zip

Coach's Email Coach ATA #

Shooter Information/Score Submission

If submitting shooters for an entire squad, use the corresponding post. For individuals, the post number is irrelevant. Just fill in their scores and information and your declaration at the top of this page will be used to enter their scores as an individual.

1	ATA Number <input type="text"/>	Name <input type="text"/>	Birthdate (mm/dd/yy) <input type="text"/>	Category <input type="text"/>
2	ATA Number <input type="text"/>	Name <input type="text"/>	Birthdate (mm/dd/yy) <input type="text"/>	Category <input type="text"/>
3	ATA Number <input type="text"/>	Name <input type="text"/>	Birthdate (mm/dd/yy) <input type="text"/>	Category <input type="text"/>
4	ATA Number <input type="text"/>	Name <input type="text"/>	Birthdate (mm/dd/yy) <input type="text"/>	Category <input type="text"/>
5	ATA Number <input type="text"/>	Name <input type="text"/>	Birthdate (mm/dd/yy) <input type="text"/>	Category <input type="text"/>