

RESUME' FOR HALL OF FAME CONSIDERATION

Date _____

APPLICANT NAME: _____		
ADDRESS _____		
PHONE NUMBER _____	ATA NUMBER _____	
Active shooter <input type="checkbox"/>	Retired shooter <input type="checkbox"/>	Deceased <input type="checkbox"/>

SUBMITTED BY: _____ A.T.A member number _____

_____ or self

Please note that it is the responsibility of the person submitting this application, to update all pertinent information yearly at the close of the target year. This form as well as updated information should be forwarded to:

Noreen Snively
O.S.T.A., Secretary
P.O. Box 956
Ravenna, OH 44266

Suggested format:

- 1) O.S.T.A. Highlights
- 2) Grand American Achievements
- 3) State Championships other than Ohio
- 4) Satellite Grand Highlights
- 5) Other major Championships
- 6) Contributions to the sport
- 7) Target Attainment

