RESUME' FOR HALL OF FAME CONSIDERATION

Date_____

APPLICANT NAME: _____

ADDRESS _____

PHONE NUMBER _____ ATA NUMBER _____

Active shooter ☐ Retired shooter ☐ Deceased ☐

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:

Patricia "Patti" Jacob
O.S.T.A., Secretary
2191 S. Cleveland-Massillon Rd.
Copley, OH 44321

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**