UTAH "HALL OF FAME"

NOMINATION & ELIGIBILITY FORM

NAME of NOMINEE:			
Address			
City		State	Zip Code
1.) Resident Shooter of Utah and the National Organization for 10 years?			
2.) Age of the shooter? Date of Birth			
3.) What year did the nominee start competitive trap shooting with the ATA?			
4.) What was the nominee's last year of competition?			
SHOOTING MERIT: List 5 major championships won per ATA rules.			
# EVENT	YEAR		LOCATION
1.)	1211		200111011
2.)			
3.)			
4.)			
5.)			
6.)			
0.7			
ADMINISTRATIVE EXCELLENCE:			
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•			
•			
•			
•			
Is the nominee an Industry Representative?			
Does the nominee have any old photos, trophies, or other memorabilia that			
he/she might like to contribute for the display in the Hall of Fame?			
The items need to be approved by the Hall of Fame committee. The items would be displayed in the USTA Hall of Fame.			
The items wo	uid be displayed	I III tile OSTA	Trail of Fame.
If the nominee is deceased wh	nat is the date o	f death?	
Name of nearest relative?			Relationship?
Address		Phone Num.	·
City	State		Zip Code
Signature of person submitting nomination?			
Date Submitted: Date Voted / Approved:			