

MTA FORMS 2018

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MTA ADULT INSTRUCTION PROGRAM REIMBURSEMENT FORM

The Manitoba Trapshooting Association has continued with the Coaching Instruction Program.

Program will run from May 1st. up to Sept 1.

The purpose of this program is to provide a record of the hours spent in coaching adults. Please submit with you other coaching reports.. The Club shall maintain a record of Shooters names and participation.

DEADLINE:

To be submitted for reimbursement by September 15th to qualify.

CLUB: _____

Instruction Dates: from _____ to _____ , 20__

Nbr. of Adults: _____ Nbr. of Rounds: _____

Nbr. of Male _____ Nbr. of Female: _____

Attach list of **names & addresses** with ages.

DATE SUBMITTED: _____ , 20__

CLUB EXECUTIVE SIGNATURE: _____

Mail to **Manitoba Trapshooting Association Inc.**
c/o Bart Gloor
2 Kennedy Place
Brandon, MB, R7A 6L9

MTA ONLY:

Date received _____ Accepted/rejected _____



MTA ADVERTISING POLICY REIMBURSEMENT FORM

The Manitoba Trapshooting Association has continued with the Advertising Program.

Program will run from April 1st. to September 1st. _____

See Policy & Procedure Manual for Rules.

DEADLINE:

To be submitted for reimbursement ASAP to qualify.

CLUB: _____

League/Junior Prog. _____ (circle one)

Actual Cost of Advertising: _____

Name of Media Ad. appeared in: _____

Attach copy of advertising.

DATE SUBMITTED: _____, 20____

CLUB EXECUTIVE SIGNATURE: _____

Mail to **Manitoba Trapshooting Association Inc.**
c/o Bart Gloor
2 Kennedy Place
Brandon, MB, R7A 6L9

MTA ONLY:

Date received _____ Accepted/rejected _____



MTA MEMBERSHIP AFFILIATION APPLICATION

DEADLINE: September 15th ANNUALLY

CLUB NAME _____

ADDRESS _____

CITY _____ POSTAL CODE _____

PRESIDENT _____ Ph 204- _____

SECRETARY _____ Ph 204- _____

TREASURER _____ Ph 204- _____

DATE SUBMITTED: _____, 20 _____

Please enclose the following

Affiliation Fee \$ 10.00

Proof of Liability Insurance – minimum \$5,000,000.

Enclosed Will follow shortly

Note: Policy must have the following, indicating as additional named insured:

A. Manitoba Trapshooting Association

B. Sport Manitoba

The Association must receive “Proof of Insurance” by February 28th annually.

MEMBERSHIP LIST (KEPT CONFIDENTIAL)

CLUB DEMOGRAPHICS

Coaches _____

Officials _____

Volunteers _____

Program Participants _____

<u>Competitive Membership only</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
<u>13 – 17</u>	_____	_____	_____
<u>18 – 29</u>	_____	_____	_____
<u>30 – 40</u>	_____	_____	_____
<u>41 – 54</u>	_____	_____	_____
<u>55 -Plus</u>	_____	_____	_____
<u>Sub Totals</u>	_____	_____	_____

Location of Participants:

Central _____ **Eastman** _____ **Interlake** _____

Norman _____ **Parkland** _____ **Westman** _____

Winnipeg _____

Mail to **Manitoba Trapshooting Association Inc.**
c/o Bart Gloor
2 Kennedy Place
Brandon, MB, R7A 6L9



MTA COACHING REGISTRATION YEAR _____

I hereby apply to the Manitoba Trapshooting Association, to register for the current year. I understand that:

- All Trap Coaching, will be at M.T.A. affiliated Clubs within the scheduled dates and times available at each Club.
- **Background check is required.**
- I also agree that no fees shall be charged for Trap Coaching, regardless of student level.
- Should the Club have a coaching or instruction program, my expertise would be a valuable asset to the program, should it be required.

CLUB : _____

Coaching Status:

Club Coach: _____

Mo./Yr.

NCCP-3M Level 1 Theory _____/_____
Technical _____/_____
CERTIFIED : _____/_____

Level 11 Theory _____/_____
Technical _____/_____
CERTIFIED : _____/_____

Level 111 Theory _____/_____

PRINT ONLY

Name: _____

Address: _____

City: _____ Postal _____

Ph. No. _____ Fax.: _____

E Mail: _____

Signed: _____

Mail to **Manitoba Trapshooting Association Inc.**
c/o Bart Gloor
2 Kennedy Place
Brandon, MB, R7A 6L9



MTA COACHING CLINIC REIMBURSEMENT FORM

The Manitoba Trapshooting Association has continued with the Coaching Clinic Program

Program will run from April 1st. to September 1st.

The Club shall maintain a record of members names and participation.

See Policy & Procedure Manual for Rules.

DEADLINE:

To be submitted for reimbursement by September 15th to qualify.

CLUB: _____

Date of Clinic _____, 20____

Number of entries _____

Number of Rounds: _____

Attach list of shooter entries, **names & address's** with **ages**.

DATE SUBMITTED: _____, 20____

CLUB EXECUTIVE SIGNATURE: _____

Mail to **Manitoba Trapshooting Association Inc.**
c/o Bart Gloor
2 Kennedy Place
Brandon, MB, R7A 6L9

MTA ONLY:

Date received _____ Accepted/rejected _____



MTA JUNIOR INSTRUCTION PROGRAM REIMBURSEMENT FORM

The Manitoba Trapshooting Association has continued with the Junior Instruction Program.

Program will run from May 1st, up to the MJSA Championship.

Each Club to set up Junior Instruction Program for Juniors under the age of 18 years. Each Club to maintain an enrollment list, record of attendance and rounds fired. All Juniors must be Junior members of the affiliated Club to qualify. Clubs can charge entry fees for Instructional program.

The Manitoba Trapshooting Association will provide on a matching basis up to \$750.00.

NOTE: This may be a combination of Ammunition and Targets.

The Club shall maintain a record of Shooters names and participation.

DEADLINE:

To be submitted for reimbursement by September 15th. to qualify.

CLUB: _____

Instruction Dates: from _____ to _____, 20____

No. of Juniors: _____ No. of Rounds: _____ No. of Boxes _____

No. of Hours: _____ No. of Boys: _____ No. of Girls: _____

Attach list of Junior entries, **names & addresses** with **ages**.

DATE SUBMITTED: _____, 20____

CLUB EXECUTIVE SIGNATURE: _____

Mail to **Manitoba Trapshooting Association Inc.**
c/o Bart Gloor
2 Kennedy Place
Brandon, MB, R7A 6L9

MTA ONLY:

Date received _____ Accepted/rejected _____



MTA OFFICIAL'S CLINIC REIMBURSEMENT FORM

The Manitoba Trapshooting Association has continued with the Official's Clinic Program

Program will run from April 1st. to September 1st.

The Club shall maintain a record of Official's names and participation.

See Policy & Procedure Manual for Rules.

DEADLINE:

To be submitted for reimbursement by September 15th to qualify.

CLUB: _____

Date of Clinic _____, 20____

Number of Officials _____

Hours trained: _____

Attach list of Official's, **names & addresses** with **ages**.

DATE SUBMITTED: _____, 20____

CLUB EXECUTIVE SIGNATURE: _____

Mail to **Manitoba Trapshooting Association Inc.**
c/o Bart Gloor
2 Kennedy Place
Brandon, MB, R7A 6L9

MTA ONLY:

Date received _____ Accepted/rejected _____



MTA SEMINARS REIMBURSEMENT FORM

The Manitoba Trapshooting Association has continued to support seminars.

Program will run from April 1st. to September 1st.

The Club shall maintain a record of names and participation.

See Policy & Procedure Manual for Rules.

DEADLINE:

To be submitted for reimbursement within 30 days to qualify.

HOSTING CLUB: _____

Date of Clinic _____, 20____ Number of Participants _____

Meeting Room costs: \$ _____ Other (specify) \$ _____

Instructor cost: \$ _____

Attach list of participants, **names & addresses** with **ages**.

Attach all documentation.

DATE SUBMITTED: _____, 20____

CONVENOR SIGNATURE: _____

Mail to **Manitoba Trapshooting Association Inc.**
c/o Bart Gloor
2 Kennedy Place
Brandon, MB, R7A 6L9



MTA SHOOT REPORT

SHOOT DATES _____ / _____ / _____ to _____ / _____ / _____

CLUB _____

A

TOTAL Registered Shooters # _____ x \$4.00= _____
(As per ATA Shoot Report Attached)

B

Junior ATA Membership		X	\$	=	\$
Total # of Junior Entries		X	\$	=	\$
Junior Daily Fee		X	\$	=	\$
GST (If applicable)		X	\$	=	\$
Total # of Lady Entries		X	\$	=	\$
Lady Daily Fee		X	\$	=	\$
GST (If applicable)		X	\$	=	\$
First Time Novice 100 Targets Only (Includes Daily Fee)		X	\$	=	\$
Total Regular Novice entries 50% of Targets Only (Current ATA year)		X	\$	=	\$
Novice Daily Fee		X	\$	=	\$
GST (If applicable)		X	\$	=	\$
Total					\$



MTA SHOOT REPORT (cont'd)

NET A – B remittance \$ _____
Late submission fee \$ 25.00 (over 15 days from date of shoot) \$ _____
Total Claimed / Submitted (Circle one) \$ _____

Club Official Signed _____ **Date** ____/____/____

**Note: Attach entry cards and copy of Trap & Field Report of winners.
Forward report to Manitoba Trapshooting Association, Inc.**

Mail to **Manitoba Trapshooting Association Inc.**
c/o Bart Gloor
2 Kennedy Place
Brandon, MB, R7A 6L9

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MTA TRAP LEAGUE PROMOTIONAL PROGRAM REIMBURSEMENT FORM

The Manitoba Trapshooting Association has continued with the Trap League Promotional Program that will benefit the Clubs and all Trap shooters who participate.

The Program will run from April 1st to August 31st, inclusive and/or an approved program by the M.T.A. It will be the Clubs responsibility to organize and operate the Trap League.

The Club shall maintain a record of Shooters names and participation.

DEADLINE:

To be submitted for reimbursement by September 15th to qualify.

CLUB: _____

League Dates: from _____ to _____, 20____

Number of entries: _____ X \$10.00 = \$ _____

Attach list of league entries, names & address to:

DATE SUBMITTED: _____, 20____

CLUB EXECUTIVE SIGNATURE: _____

Mail to **Manitoba Trapshooting Association Inc.**
c/o Bart Gloor
2 Kennedy Place
Brandon, MB, R7A 6L9



MTA TRAVEL/COMPETITOR REIMBURSEMENT FORM

The Manitoba Trapshooting Association has continued to support shooters.

The shooter shall maintain a record of participation at out of province tournaments.

See Policy & Procedure Manual for Rules.

DEADLINE:

To be submitted for reimbursement within 30 days to qualify.

Participant: _____

Date of Shoot _____, 20____ Location _____

Travel Cost: \$ _____ Other (specify) \$ _____

Entry Fees cost: \$ _____

Attach list of achievements: events won, placement over all, etc.

Attach supporting receipts and documentation and mail to:

Mail to **Manitoba Trapshooting Association Inc.**
c/o Bart Gloor
2 Kennedy Place
Brandon, MB, R7A 6L9

DATE SUBMITTED: _____, 20____.

PARTICIPANT'S SIGNATURE: _____

MTA ONLY:

Date received _____ Accepted/rejected _____



MTA TROPHY ALLOWANCE REQUEST

TO BE SUBMITTED BY SEPTEMBER 15 OF CURRENT YEAR

CLUB NAME: _____

ADDRESS _____

CITY _____ POSTAL CODE _____

Date of Tournament _____

_____ One Day _____ Two Day/Or _____ 3 day shoot

Please enclose the following: Copies of invoices supporting cost of trophies.

_____ \$ _____

_____ \$ _____

Total Trophy Amount \$ _____

Reimbursement claimed 50% \$ _____

Mail to: **Manitoba Trapshooting Association Inc.**
c/o Bart Gloor
2 Kennedy Place
Brandon, MB, R7A 6L9



TRAP & FIELD SHOOT REPORT FORM

(If handwritten, please print)

Club name _____ Club city & state _____

Name of shoot _____ Date _____

Reporter's name, address _____

Contact phone, e-mail _____

SINGLES _____ Number of entries _____ Date of event _____

Name of trophy winner(s) <i>Indicate co-winners</i>	Shooter's state of residence	Event score	Shootoff/carryover score	Persons tied and their shootoff/cy score(s)
Winner _____	_____	_____	_____	_____
Runnerup _____	_____	_____	_____	_____
Class AAA _____	_____	_____	_____	_____
Class AA _____	_____	_____	_____	_____
Class A _____	_____	_____	_____	_____
Class B _____	_____	_____	_____	_____
Class C _____	_____	_____	_____	_____
Class D _____	_____	_____	_____	_____
Lady I (or women's) _____	_____	_____	_____	_____
Lady II (or women's) _____	_____	_____	_____	_____
Junior _____	_____	_____	_____	_____
Sub-Junior _____	_____	_____	_____	_____
Junior Gold _____	_____	_____	_____	_____
Sub-Veteran _____	_____	_____	_____	_____
Veteran _____	_____	_____	_____	_____
Senior Vet _____	_____	_____	_____	_____
Other (<i>specify</i>) _____	_____	_____	_____	_____

HANDICAP (*Include yardage shot from*) _____ Number of entries _____ Date of event _____

Name of trophy winner(s) <i>Indicate co-winners</i>	Ydg.	Shooter's state of residence	Event score	Shootoff/carryover score	Persons tied and their shootoff/cy score(s)
Winner _____	_____	_____	_____	_____	_____
Runnerup _____	_____	_____	_____	_____	_____
Yardage-group winner (<i>indicate yardage covered in each grouping</i>)					
18- _____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____ -27 _____	_____	_____	_____	_____	_____
Lady I (or women's) _____	_____	_____	_____	_____	_____
Lady II (or women's) _____	_____	_____	_____	_____	_____

HANDICAP, continued

Junior _____
 Sub-Junior _____
 Junior Gold _____
 Sub-Veteran _____
 Veteran _____
 Senior Vet _____
 Other (specify) _____

DOUBLES _____ Number of entries _____ Date of event _____

Name of trophy winner(s) <i>Indicate co-winners</i>	Shooter's state of residence	Event score	Shoottoff/ carryover score	Persons tied and their shoottoff/cy score(s)
Winner _____				
Runnerup _____				
Class AAA _____				
Class AA _____				
Class A _____				
Class B _____				
Class C _____				
Class D _____				
Lady I (or women's) _____				
Lady II (or women's) _____				
Junior _____				
Sub-Junior _____				
Junior Gold _____				
Sub-Veteran _____				
Veteran _____				
Senior Vet _____				
Other (specify) _____				

On special awards below, please list individual scores in each event plus total.

High-Over-All _____

All-Around (always 400 championship targets: 200 singles, 100 handicap, 100 doubles)

Combined (*specify*) _____

List on a separate page, shooters breaking their first 25, 50, 75, 100 or 200 straight in registered competition, any unusual yardage moves, unusual weather, persons earning first trophies, and other newsworthy information. If you prefer to write an extended report, please type double-spaced. We welcome group or individual photos of winners. Send clear, sharp color photographs in digital .jpg format on CD or by e-mail to editorial@trapandfield.com. Identify shooters from left to right. Note if photos will be e-mailed separately.

Shoot reports postmarked more than 15 days after the last day of the shoot cannot be used. Prompt reporting is appreciated.
 Send completed form, via first-class mail to:

**Amateur Trapshooting Association
 PO Box 519, Sparta, IL 62286**

