IOWA STATE TRAPSHOOTING ASSOCIATION HALL OF FAME NOMINEE RESUME FORM

Shooting Merit Resume (ISTA Form SM1)

Name of Nominee:	-
State of Residence:	-
Current or Last Known Address:	
Phone Number:	_ Active Shooter
First Year ATA Targets Registered:	_ Retired Shooter
Last Year ATA Targets Registered:	Deceased
Years in ATA: Years in ISTA:	Years IA Resident:
Date of Death if deceased:	
A. Major ATA Awards Earned: (Please be specific) (You may add additional sheets if required)	

B. Major ISTA Awards Earned: (Please be specific) (You may add additional sheets if required)

C.		Awards/Contributions to the Sport of Trapshooting: may add additional sheets if required)
D.	Signat	ture of Person Submitting Resume:
E.	Phone	Number of Person Submitting Resume:
Ma	il to:	Iowa State Trapshooting Association
		Attn: ISTA HOF Secretary PO Box 128
		Aplington, IA 50604-0128