ILLINOIS STATE TRAPSHOOTERS ASSN. INC.

DAILY SHOOT REPORT

CLUB NAME: _____

SHOOT DATE: _____

Club Contact Name: _____ Phone: _____

Email: _____

	Number of Shooters	Daily Fee @$3.00	Number of Memberships	ISTA Dues @$10.00	TOTALS
1st Day	_____	_____	_____	_____	$ _____
2nd Day	_____	_____	_____	_____	$ _____
3rd Day	_____	_____	_____	_____	$ _____
4th Day	_____	_____	_____	_____	$ _____

Other Items (Identify): _____ $ _____

Make check payable to "Ill. State Trapshooters Assn. Inc."..... **$** _____

Please list ISTA memberships sold **OR** enclose a copy of your numbered list:

ISTA #	Complete Name	Address	City	Zip	County	J/SJ

Check here for more Stickers ☐

I.S.T.A OFFICE RECORD

Report Received: _____ Fees Proofed: _____ Targets Proofed: _____ Dues Proofed: _____