

FOR OFFICE USE ONLY
Paid: \$ _____
Check # _____
Date: _____
Deposited: _____

Kentucky Trapshooters League Registered Shoot Report Form

Club Name: _____

Date of Shoot: _____

Number of Shooters: _____ Total Fees: _____

Please return within 10 days of shoot to:

KTL
P.O. Box 797
Nicholasville, KY 40340-0797

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