



THE ONTARIO PROVINCIAL TRAPSHOOTING ASSOCIATION

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OPTA Mailing Address: 6179 Centennial Rd, St. Thomas ON N5P 3S8

Ontario Hall of Fame Nomination Form

Please note this is a template only, completing all items noted is not mandatory; however, it is best to complete it with as much detail as possible, even items not listed here.

Nominee's Name: _____ Date of Birth: _____

ATA # _____

ATA ACCOMPLISHMENTS

1st ATA targets shot in _____

1st ATA 100 Straight singles in (place) _____ in (year) _____

1st ATA 200 Straight singles in (place) _____ in (year) _____

1st ATA 100 Straight doubles in (place) _____ in (year) _____

1st ATA 27-yard line attainment (place) _____ in (year) _____

1st ATA 100 Straight from 27 yards in (place) _____ in (year) _____

ATA "AA27AA" Pin in (place) _____ in (year) _____

ATA "AAA27AAA" Pin in (place) _____ in (year) _____

ATA Grand Slam in (place) _____ in (year) _____

Number of ATA Targets Shot at time of nomination _____

ATA Delegate: **Number of Times** _____

Position _____ in (year) _____

Position _____ in (year) _____

Position _____ in (year) _____

Position _____ in (year) _____

Position _____ in (year) _____

Position _____ in (year) _____

ATA Past President: Year(s) _____

GRAND AMERICAN/SATELLITE GRAND ACCOMPLISHMENTS

ATA Titles: **Number of Times** _____

Discipline _____ in (year) _____

Discipline _____ in (year) _____

Discipline _____ in (year) _____

Discipline _____ in (year) _____

Discipline _____ in (year) _____

Discipline _____ in (year) _____

ONTARIO ACCOMPLISHMENTS

Ontario Provincial Titles: **Number of Times** _____

Discipline _____ in (year) _____

Discipline _____ in (year) _____

Discipline _____ in (year) _____

Discipline _____ in (year) _____

Discipline _____ in (year) _____

Discipline _____ in (year) _____

Ontario Provincial Hi Average Titles: **Number of Times** _____

Discipline _____ in (year) _____

Discipline _____ in (year) _____

Discipline _____ in (year) _____

Discipline _____ in (year) _____

Discipline _____ in (year) _____

Discipline _____ in (year) _____

Ontario Provincial All Star Team: **Number of Times** _____

1st or 2nd Team _____ Place _____ in (year) _____

1st or 2nd Team _____ Place _____ in (year) _____

1st or 2nd Team _____ Place _____ in (year) _____

1st or 2nd Team _____ Place _____ in (year) _____

1st or 2nd Team _____ Place _____ in (year) _____

1st or 2nd Team _____ Place _____ in (year) _____

OPTA Grand Slam in (year) _____

OPTA Provincial Records: (if any) _____ in

(year) _____

OPTA Directorship: **Number of Times** _____

Position _____ in (year) _____

Position _____ in (year) _____

Position _____ in (year) _____

Position _____ in (year) _____

Position _____ in (year) _____

Position _____ in (year) _____

CANADIAN ACCOMPLISHMENTS

Canadians Titles: **Number of Times** _____

Discipline _____ in (year) _____

Discipline _____ in (year) _____

Discipline _____ in (year) _____

Discipline _____ in (year) _____

Discipline _____ in (year) _____

Discipline _____ in (year) _____

SHOOTER OR CONTRIBUTOR PHOTOGRAPH

Full Size Color Photograph: **EMAIL HI-RES IMAGE TO "info@ontariotrap.com"**

HALL OF FAME NOMINATION

I, (full name) _____, a member of the OPTA and ATA in good standing, hereby nominate the person named above for entry into the Ontario Provincial Trapshooting Association Hall of Fame as a (**shooter and/or contributor**) _____

Date: _____

Signature: _____

Five required additional OPTA members' signatures supporting nomination:

1. Name: _____ Signature: _____

2 Name: _____ Signature: _____

3. Name: _____ Signature: _____

4. Name: _____ Signature: _____

5 Name: _____ Signature: _____

PLEASE SUBMIT THE SIGNED ORIGINAL NOMINATION TO THE SECRETARY.

THIS NOMINATION MUST BE ACCOMPANIED BY A HIGH RESOLUTION PHOTOGRAPH OF THE NOMINEE'S CONSENT. IF MORE SPACE IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS.