

**APPLICATION FOR MEMBERSHIP
in the
2026 NTA ALL-STATE TEAM**

NAME: _____ ATA #: _____

ADDRESS: _____ *NTA #: _____

DATE OF BIRTH: _____ ** CATEGORY: _____

**Must be a MEMBER of the NTA for the All-State Team Status.*

*** The designation for the 2026 All-State Team will be your age the 1st day of September 2024.*

**AVERAGE ON REGISTERED TARGETS SHOT IN TARGET YEAR 2025
(09/01/2024 THROUGH 08/31/2025)**

SINGLES _____ AVERAGE _____

HANDICAP _____ AVERAGE _____

DOUBLES _____ AVERAGE _____

OVER-ALL AVERAGE _____

TO BE ELIGIBLE FOR THE 2026 STATE TEAM, APPLICANTS MUST SHOOT THE CHAMPIONSHIP EVENTS
(400 TOTAL TARGETS) AT EITHER THE STATE SHOOT, THE HONOR SHOOT OR A NEBRAKSKA STATE
ZONE SHOOT.

SHOOT	SINGLES CHAMP SCORE	HANDICAP CHAMP SCORE	DOUBLES CHAMP SCORE

Target requirements for your information!

	SINGLES	HANDICAP	DOUBLES
Top Ten Shooters	2500	1500	1000
Lady	1000	1000	500
Veteran (65 up to 70)	1000	1000	500
Sr. Veteran (70 & older)	1000	1000	500
Junior (15 up to 18)	1000	1000	500
Sub-Junior (14 and under)	1000	1000	500

**This form should be returned to the Secretary/Treasurer at the address below BEFORE
DECEMBER 31, 2025 or by email at jtrim@vcn.com.**

**Joy Trim
Secretary/Treasurer
PO Box 380
Lewellen, NE 69147**