



AIM Director Update

STATE/PROVINCIAL DIRECTOR OF: _____

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____

TELEPHONE: _____ AGE: _____

ATA NUMBER: _____ Team Affiliation: _____



Please send request form to:

Attn. AIM
PO Box 519
Sparta, IL 62286

Email. aim@shootata.com

Fax. 866-454-5198