



**Amateur Trapshooting Association  
2017 Grand American  
Group/Organization Fundraiser  
Contract**

**Terms of Agreement**

The group participating in the ATA Fundraiser shall abide by the following rules:

- All members of the group must be at least age 16 and attend one of the mandatory training sessions. Please list all group members on page 2.**
- All untrained group members must train prior to the first day, and all members of the group must work at least one of the first two days.
- There must be no less than \_\_\_ members of the group present each day. If a group member is absent, it is the responsibility of the group organizer to find a replacement before the scheduled start time.
- All members must abide by the rules and regulations of the competitions. They must all follow the directions given to them by their bank supervisor.
- Any member can be excused at any time by a supervisor. If a member is released before the stop time for the day, this agreement will be void.
- If at least \_\_\_ people fail to show up, or any member leaves before being dismissed, this agreement will be void.
- It is the responsibility of the group organizer to keep a detailed time sheet, which is subject to an audit at any time.

**Form of Payment**

The group shall be paid based on the following criteria:

- All untrained members attend a day of training and at least \_\_\_ members attend every day of the scheduled event.
- The group will receive a check for the number of hours worked multiplied by the scheduled salary per hour. The Event Supervisor will determine the amount per hour.
- A check will be written to the school or tax-exempt group at the end of the event.

**I agree to the terms and conditions of this contract. If we fail to meet any of the above criteria, we will not receive our fundraiser check.**

\_\_\_\_\_  
Group Organizer

\_\_\_\_\_  
Cell Phone #

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Event Supervisor

\_\_\_\_\_  
Date

**\*\*\*\*\* Please return Group Contract to:**

**Gary Ebers ATA Sparta 1105 E Broadway PO Box 519 Sparta, IL 62286**

**Group Name:**

#	Needs to be Trained	Last Name [#1 should be Group Organizer]	First Name	Street	City	State	Zip	Birth date	Home Phone	Cell Phone
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10										
11										
12										
13										
14										
15										
16										
17										
18										