Junior Trainee Instructor Application

Date: _____ ATA# _____ ATA Expiration_____ Rank:_____

Name:_____ CIRCLE ONE (Male/Female) DOB _____Age _____

Address _____City _____State_____ Zip_____

School Owner:_____School # _____

** I UNDERSTAND THAT I WILL NOT RECEIVE STATE CHAMPION POINTS UNTIL ALL APPROPRIATE PAPERWORK AND FEES HAVE BEEN RECEIVED AND PROCESSED BY ATA HEADQUARTERS. I ALSO UNDERSTAND THAT THIS PROCESS CAN TAKE UP TO 2 WEEKS.

SHOULD THIS APPLICATION BE ACCEPTED, I FULLY UNDERSTAND MY RESPONSIBILITIES AS A JUNIOR TRAINEE INSTRUCTOR, THAT I MAY NOT WEAR THE COLLAR OF THE JUNIOR TRAINEE INSTRUTOR UNTIL I RECEIVE MY OFFICIAL LETTER OF ACCEPTANCE FROM ATA HEADQUARTERS.

_____ _____ _____ _____

Signature of Applicant Date Signature of Parent/Guardian Date

_____ _____

Instructors Signature Date

☐ For an additional fee please include a Life Skills Manual

CC#_____

EXP. _____

PLEASE PRINT

_____

NAME OF CARDHOLDER

School Owner Use Only
Paid $_____
Date _____
Method of payment:
_____

To avoid delays be sure to print clearly.
All Junior applicants must be under the age of 16.
Be sure to fill out this application completely.

ATA HQ Use Only
Paid $_____
Date _____
Method of payment:
_____