

NCSA State Shoot Assistance Grant Application

Club Name: _____

Address: _____ City: _____ State: _____

Shoot Date: _____

Shoot Manager: _____ Host

Club Contact: _____ Phone: _____

State Association Contact: _____ Phone: _____

Has this club ever held a State Championship before? _____

Date: _____

Attendance: _____

Expected attendance for this event: _____

Dollar/Donation amount of sponsors: _____

Does the State Association provide financial assistance for the State Championship?

Yes: _____ No: _____ How Much: _____

Specifically, how will the Grant be used to improve the shoot quality and attract new participants to the event?

Grant total is a one-time payment of \$2,000 to be used by the club for shoot enhancements. Host club will be required to provide, within 30 days of shoot completion, expense receipts and report in regard to the Grant Funds. Does Host Club agree to provide receipts? _____

Club Representative

Date

State Association Representative

Date

NCSA Representative

Date