## Proposal must be completed electronically. Handwritten will not be accepted.

Please fill out as thoroughly as possible. This data will be used to rank your proposal against other range proposals

# THIS FORM MUST BE RECEIVED BY NSCA BY 5:00 p.m. CST April 20, 2020

RANGE NAME:			
REGION:			
PROPOSED MONTHS*:1st choice * applicant understands that dates will be fin		choice	3rd choice
Address			
City	State	Zip	
Range: Phone		_ Fax	
Point of Contact: Name			
Phone		Fax	
O all Dhama			
COURSE-Normal Operations  Number Courses  Number Stations  Number Machines  Golf Cart Access  Handicap Access  Restrooms  CLUBHOUSE	atic		
Size (SqFt) - Indoors Size (SqFt) - Outside/Covr'd			
Yes	s No	Capacity	
Pro-Shop Full Serv. Rest Room Public Address System			
Office area for Support Staff			

EXPERIENCE  Largest Tournament Hosted		Name	Size		Naı	ne	Size
Other Notable Tournaments				┪			
				1			
				]			
Have you previously hosted a Regi	onal Cham	npionship?			_		
Tournament Software Used:							
RAVEL		Name	Distance	- ]			
Closest major airport		Name	Distance	1			
			L	_			
Airlines that service this airport	Yes	No					
Delta			_				
United American			_				
Jet Blue			+				
Southwest							
Alaska Airlines							
Other							
CCOMMODATIONS		Nama	Dom	.1-4:	Dista		_
Nearby Cities:		Name	Pop	ulation	Dista		
Nearby Cities.							
							7
				_			_
Cost range of hotels in area	Low	Middle	High	4			
\$		\$	\$	J			
Number of hotel rooms (approx):				Number nearl	oy dining establi	shments (apı	orox):
within 45 Minutes					-	thin 45 Minute	
		<u> </u>					
Is one hotel large enough to be	e host hote	Yes or No	N	ame	Nbr Rooms	Distance	Approx Cost
J J	nor large enough to be neet noter.						\$

Signature of Range Owner/Manager

# AREA NON-SHOOTING ENTERTAINMENT/TOURISM FACILITIES Activity Approximate Distance Name Location WHAT OTHER FACTORS OR CONSIDERATIONS DO WE NEED TO KNOW ABOUT YOUR RANGE? Signature of Range Owner/Manager Date

#### **OVERALL TOURNAMENT FORMAT**

OVERALL TOURNAMENT - Minimum 200 Targets are you proposing a three or four day overall too Number of Targets in The Main Event Maximum Number of Shooters		<b>t</b> Three Day	vs Four Days	(Please Circle one)	
OVERALL TOURNAMENT-Event Facilities Clubhouse and normal facilities available? Gunsmith on-site RV Parking on-site Vendor Area on-site Car Parking on-site Parking Shuttle on-site	Yes	No	Capacity		
OVERALL TOURNAMENT-Sponsors  List Sponsors from Shooting Industry:					
List Sponsors from Other Industries:					
OVERALL TOURNAMENTAmenities  "Goody" Bag?  T-Shirts or other Momentos?	Yes	No	If Yes, please spec	oify:	
Will you host a Saturday Night Party?  If yes. Estimated cost for:  Shooter	Yes	No Guest	(Please circle one)		
A Donation of \$5000 to the USA Sporting Clays T  Please list any intended fundraiser  Please describe your plans for the Sa	Feam is required. For the team:				

# THE PROPOSED TOURNAMENT - - - - - Main Event

MAIN EVENT - 2 OR 3 DAYS?	Two Days	Three Days	(Please Circl	e one)
Number of Courses				_
Courses Layout	Course 1	Course 2	Course 3	
Number of stations				
Number of Targets				
Number of Rotations				
<b>Maximum Number of Shooters</b>				
	•			
MAIN EVENT - COST			Daily Fees	State Sales Tax, if RETURN: Guaranteed Purse or Per Shooter?
MAIN EVENT - COST	Entry Fee M	aximum Listed	NSCA & State	any \$

#### MAIN EVENT---PAYOUTS and/or TROPHIES

Main Event \$ Concurrent Only \$

	Payout Minimums Listed	Trophy(Circle Y or N)
High Over All		ΥN
Runner Up		ΥN
Second Runner Up		ΥN

NOTE: Payout can be specified as cash or percentage.

NSCA Class or Concurrent	M-AA-A-B-C-D-E		Vet, I	_adies	dies Juniors,Sub-Jun		
	Payout						
	Minimums	Trophy	Payout	Trophy	Payout	Trophy	
1st Place	\$	ΥN	\$	ΥN	\$	ΥN	
2nd Place	\$	ΥN	\$	ΥN	\$	ΥN	
3rd Place	\$	ΥN	\$	ΥN	\$	ΥN	
4th Place	\$	ΥN	\$	ΥN	\$	ΥN	
5th Place	\$	ΥN	\$	ΥN	\$	ΥN	
6th Place	\$	ΥN	\$	ΥN	\$	ΥN	
7th Place	\$	ΥN	\$	ΥN	\$	ΥN	
8th Place	\$	ΥN	\$	ΥN	\$	ΥN	
9th Place	\$	ΥN	\$	ΥN	\$	ΥN	
10th Place	\$	ΥN	\$	ΥN	\$	ΥN	

#### **MAIN EVENT - OPTIONS**

Type of Option	HOA	Class	Class HOA	Lewis	Station	Course	
Cost (leave blank for no option)	\$	\$	\$	\$	\$	\$	\$ \$
Will State Sales Tax be	e charged on C	ptional Purses?	(Please circle one)	Yes	No		

Signature of Range Owner/Manager

# THE PROPOSED TOURNAMENT - - - - Preliminary Event

#### **PRELIMINARY EVENT - 100 Targets**

M T W T F S S (Please circle all that apply) **DAYS OFFERED** 

Number of stations Number of Rotations Maximum Shooters

Daily Fees State Sales Tax. if **PRELIMINARY EVENT - COST** Entry Fee Maximum Listed NSCA & State any Main Event \$

Concurrent Only \$

RETURN: Guaranteed Purse or Per Shooter?

#### PRELIMINARY EVENT---PAYOUTS and/or TROPHIES

		Trophy
	Payout	Circle (Y or N)
High Over All	\$	ΥN
Runner Up	\$	ΥN
Second Runner Up	\$	ΥN

NOTE: Payout can be specified as cash or percentage.

NSCA Class or Concurrent	M-AA-A-B-C-D-E		Vet, L	adies	Juniors,Sub-Juniors		
	Payout	Trophy	Payout	Trophy	Payout	Trophy	
1st Place	\$	ΥN	\$	ΥN	\$	ΥN	
2nd Place	\$	ΥN	\$	ΥN	\$	ΥN	
3rd Place	\$	ΥN	\$	ΥN	\$	ΥN	
4th Place	\$	ΥN	\$	ΥN	\$	ΥN	
5th Place	\$	ΥN	\$	ΥN	\$	ΥN	
6th Place	\$	ΥN	\$	ΥN	\$	ΥN	
7th Place	\$	ΥN	\$	ΥN	\$	ΥN	
8th Place	\$	ΥN	\$	ΥN	\$	ΥN	
9th Place	\$	ΥN	\$	ΥN	\$	ΥN	
10th Place	\$	ΥN	\$	ΥN	\$	ΥN	

#### **PRELIMINARY EVENT - OPTIONS**

Type of Option	HOA	Class	Class HOA	Lewis	Station	Course	
Cost (leave blank for no option)	\$	\$	\$	\$	\$	\$	\$ \$

Will State Sales Tax be charged on Optional Purses? (Please circle one)

Yes

No

Signature of Range Owner/Manager

THE PROPOSED TOURNAMENT FITASC Event								
Numb		100 Target M T F S S (Ple	linimum ase circle all th		or Old Style (	Please circle)		
FITASC EVENT - COST  Main Event  Concurrent Only		ximum Listed	Daily Fees NSCA & State	State Sales Tax, if	RETURN: Gua	ranteed Purse o	or Per Shooter?	]
FITASC EVENTPAYOUTS and/o  High Over All  Runner Up  Second Runner Up	Payout \$	Payout Circle (Y/N)  Y N  Y N						
NSCA Class or Concurrent	M-AA-A-	B-C-D-E	Vets, SVe	Vets, SVets, Ladies Junio			1	
	Payout	Trophy	Payout	Trophy	Payout	Trophy	]	
1st Place		ΥN	\$	ΥN	\$	ΥN		
2nd Place		ΥN	\$	ΥN	\$	ΥN		
3rd Place		ΥN	\$	ΥN	\$	ΥN		
4th Place		ΥN	\$	ΥN	\$	ΥN	_	
5th Place		ΥN	\$	ΥN	\$	ΥN		
6th Place		ΥN	\$	ΥN	\$	ΥN	_	
7th Place		ΥN	\$	ΥN	\$	ΥN	_	
8th Place		ΥN	\$	ΥN	\$	ΥN	_	
9th Place		ΥN	\$	ΥN	\$	ΥN	_	
10th Place	\$	ΥN	\$	ΥN	\$	ΥN		
FITASC EVENT - OPTIONS								
Type of Option	HOA	Class	Class HOA	Lewis	Station	Course		
Cost (leave blank for no option)	\$	\$	\$	\$	\$	\$	\$	\$
Will State Sales Tax be	e charged on Op	otional Purses?	(Please circle one)	Yes	No			

#### THE PROPOSED TOURNAMENT - - - - NSCA 5-Stand Event

THE PR	OPUSED	TOURNA	MILINI	<u> NSC/</u>	A 5-Stand	Event		
NSCA 5-STAND EVENT:  NUMBER OF TARGETS  DAYS OFFERED  Number of Field  Number of Rota  Maximum Shoot	M T W s tions	100 Target M T F S S (Plea	inimum ase circle all th	at apply)				
NSCA 5-STAND EVENT - COST			Daily Fees	State Sales Tax, i	RETURN: Gua	ranteed Purse or	Per Shooter?	Ī
Main Frank	Entry Fee Ma	ximum Listed	NSCA & State	any	4			1
Main Event					4			
Concurrent Only	Ф				_			
High Over All Runner Up Second Runner Up	Payout \$	Trophy Circle (Y/N)  Y N  Y N  Y N	NOTE: Pay	out can be spe	cified as cash or	percentage.		
NSCA Class or Concurrent	M-AA-A-	R-C-D-E	Vot 1	adies.	luniors S	ub-Juniors		
NOOA Olass of Concurrent	Payout	Trophy	Payout	Trophy	Payout	Trophy		
1st Place		Y N	\$	Y N	\$	Y N		
2nd Place	\$	ΥN	\$	ΥN	\$	ΥN		
3rd Place	\$	ΥN	\$	ΥN	\$	ΥN		
4th Place	\$	ΥN	\$	ΥN	\$	ΥN		
5th Place	\$	ΥN	\$	ΥN	\$	ΥN		
6th Place	\$	ΥN	\$	ΥN	\$	ΥN		
7th Place	\$	ΥN	\$	ΥN	\$	ΥN		
8th Place	·	ΥN	\$	ΥN	\$	ΥN		
9th Place		ΥN	\$	ΥN	\$	ΥN		
10th Place	\$	ΥN	\$	ΥN	\$	ΥN		
	NSCA 5-STAND EVENT - OPTIONS							
Type of Option	HOA	Class	Class HOA	Lewis	Station	Course		i

Cost (leave blank for no option) \$ \$ \$ \$ Will State Sales Tax be charged on Optional Purses? (Please circle one)

Yes No

Signature of Range Owner/Manager

THE PROPOSED TOURNAMENT Small Gauge Events								
SMALL GAUGE EVENTS:  NUMBER OF TARGETS  DAYS OFFERED  Number of Station  Number of Rotation  Maximum Shoote	ns ons	50 Target Mir T F S S (Plea	nimum  - Range ase circle all th	-	o 100 targets - F	Please specify		
SMALL GAUGE EVENTS - COST  Main Event	\$	ximum Listed	Daily Fees NSCA & State	State Sales Tax, if any	RETURN: Gua	ranteed Purse o	or Per Shooter	?
Concurrent Only  SMALL GAUGE EVENTSPAYO  High Over All  Runner Up  Second Runner Up	Payout	TROPHIES Trophy Circle (Y/N) Y N Y N Y N	NOTE: Pay	out can be spec	ified as cash or	percentage.		
NSCA Class or Concurrent	M-AA-A	-B-C-D-E	Vet, Ladies		Juniors, Sub-Juniors		1	
1st Place \$ 2nd Place \$ 3rd Place \$ 4th Place \$ 5th Place \$ 6th Place \$ 7th Place \$ 8th Place \$ 9th Place \$ 10th Place \$ \$ SMALL GAUGE EVENTS - OPTIO	6 6 6 6 6	Trophy Y N Y N Y N Y N Y N Y N Y N Y N Y N Y N	Payout \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Trophy Y N Y N Y N Y N Y N Y N Y N Y N Y N Y N	Payout  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Trophy Y N Y N Y N Y N Y N Y N Y N Y N Y N Y N		
Type of Option  Cost (leave blank for no option)   Will State Sales Tax be	HOA	Class \$ optional Purses?	Class HOA \$ (Please circle one)	Lewis \$ Yes	Station \$ No	Course \$ ange Owner/Ma	\$	\$ Date

# THE PROPOSED TOURNAMENT - - - - Practice and Games

Practice:

DAYS OFFERED M T W T F S S (Please circle all that apply)

Cost Per Target (Include State Sales Tax, if any)
Number of Practice 5-Stands \$

Number of Practice 5-Stands

Number of Stations on Practice Course

\$
\$

GamesOptional lı	nformation-	-make your	best esti	mate.
ومستفوم المصال		: l d - C+-4	. Calaa Ta	. :=

NAME	all estimated costs, please include State Sales Tax, if any	DAYS OFFERED: M T W T F S S (Please circle all that apply)
	NUMBER OF TARGETS  Estimated Cost  Return to shooter \$	RETURN: Guaranteed Purse or Per Shooter?
NAME		DAYS OFFERED: M T W T F S S (Please circle all that apply)
	NUMBER OF TARGETS  Estimated Cost \$	
	Return to shooter \$	RETURN: Guaranteed Purse or Per Shooter?
NAME		DAYS OFFERED: M T W T F S S (Please circle all that apply)
	NUMBER OF TARGETS  Estimated Cost \$  Return to shooter \$	RETURN: Guaranteed Purse or Per Shooter?
NAME		DAYS OFFERED: M T W T F S S (Please circle all that apply)
	NUMBER OF TARGETS  Estimated Cost  Return to shooter \$	RETURN: Guaranteed Purse or Per Shooter?
NAME		DAYS OFFERED: M T W T F S S (Please circle all that apply)
	NUMBER OF TARGETS  Estimated Cost  Return to shooter \$	RETURN: Guaranteed Purse or Per Shooter?

# 2021 NSCA REGIONAL CHAMPIONSHIP BID PROPOSAL CONTRACT

outlined in the 2021 Regional Ch	id form, includ ampionship B	esentinging pages 1-11 and have read and agree to the did Criteria. I understand that if the bid criteria	
Signature NSCA Executive Council Chaiman	Date	Print Name of NSCA Executive Council Chaiman	Date
Signature NSCA Director	 Date	Print Name of NSCA Director	Date
Signature of Range Owner/Manager	 Date	Print Name of Range Owner/Manager	Date