2024 NSSA State Shoot Assistance Grant Application Return application to NSSA by **April 1, 2024.**

Club Name:			
Address:			
City:	State:	Zip:	
Mailing Address (if	different from above):		
City:	State:	Zip:	
Shoot Date:			
Shoot Manager:			
Host Club Contact:_		Phone:	
	ontact:		
Has this club ever h	eld a State Championship bef		
		ate:	
	Attendar	nce:	
	e for this event: nount of sponsors:		
	ciation provide financial assis No: Ho		
Specifically, how wi event?	ll the Grant be used to improv	ve the shoot quality and attra	ct new participants to the
paid after completic provide, within 30 c	time payment of \$1,000 to be on of the shoot after receiving days of shoot completion, expect to provide receipts?	required documentation. Ho ense receipts and report rega	st club will be required to
			_
Club Representative		Date	
State Association Re	epresentative	Date	_
NSSA Representativ	re	Date	_