

2024 USA Archery Club 3D Equipment Grant

| Club Contact Informa | tion: | |
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| Club Name: | | |
| Requestor's Name: _ | | |
| Address: | City, State, Zip |): |
| Phone: | Email: | |
| About the Club: | | |
| Date Club Registered | with USA Archery: | _ |
| USA Archery Club Ty | oe: | |
| Note: All members of the overify the program accoun are considered club members. | r of archers in the club: Iub are required to have a USA Archery Membership. In the Sport 80 Membership Services System. If you ers and they do not have a USA Archery membership ferms and Conditions and subject to not being covere ge. | have archers that o, your clubs is out o |
| Please list the club's level: | certified Instructor's/Coaches full name and | certification |
| Name: | USA Archery Level: | |

If Program has more than 5 instructors or coaches, please attach a separate page.

| Please provide a brief history or mission of the club: |
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| Please describe the facility or range where the club practices and how often the club meets. Please include what the club's storage solution for the targets will be. |
| Please list any additional sources of revenue during the last year (i.e. fundraising, community civic group donations, membership dues, individual contributions, etc.): |

| Please tell us what type of activities or accommodations the club provides to support the inclusion of all participations in the sport of archery (including archers with disabilities, economically challenged archers, minority, or otherwise underrepresented archers): |
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| Please describe how the club is utilizing the Athlete Development Model: |
| Please list the name and location of the 3D events the club and/or club membership has attended and/or plans to attend in 2024 and 2025 |

