

# Junior Shooting Trust Endowment

**Gun Club Name**

**Address**

**State**

**Zip**

**Phone**

**Email**

**Amount of money requested**

**Type of Event**

Fall League  Spring League  State Shoot   
Zone Shoot

**Event Date / League**

**Shooters Name**

<input type="text"/>
<input type="text"/>
<input type="text"/>
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**Shooters ATA Number**

<input type="text"/>
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