



**USA Archery Junior Olympic Archery Development
Grant Application**

Club Contact Information:

JOAD Club Name: _____

Requestor's Name: _____

Club Address: _____ **City, State, and Zip** _____

Phone: _____ **Email** _____

About the Club:

Start Date of the JOAD Club: __/__/____ **How many archers (under the age of 20) are in the JOAD Club?** ____

Please list the certified coaches in your JOAD Club along with their certification levels:

- 1) (Full Name) _____ (USAA Coaches Certification Level) _____
- 2) (Full Name) _____ (USAA Coaches Certification Level) _____
- 3) (Full Name) _____ (USAA Coaches Certification Level) _____
- 4) (Full Name) _____ (USAA Coaches Certification Level) _____
- 5) (Full Name) _____ (USAA Coaches Certification Level) _____

* If club has more than five coaches please attach separate page.

How often does the club meet? _____

Please describe your facility or range:

Brief history or mission of your club:

Please list any additional sources of revenue (I.e. club fundraising, community civic group donations, membership dues, individual contributions etc):

Please tell us what type of activities your club is currently engaged in to support the inclusion of all participants in the sport of archery (Including archers with disabilities, economically challenged archers, minority or otherwise under-represented archers):

