**FLORIDA YOUTH FUND**

ESTABLISHED TO BENEFIT THE YOUNG SHOOTERS OF FLORIDA

**Official Rules: Only shooters age 16 and under currently living in Florida qualify. SASS membership is required. Junior shooters must have participated in at least six official SASS matches during the previous year. A parent or guardian must accompany the shooter to the designated match.**

**A firm commitment from the junior shooter and family must be confirmed by sending a copy of the designated match application and paid receipt with this application. Availability of funds may vary according to "first come, first serve". Maximum amount allowed per calendar year is $500 per shooter or $1000 per family. Designated match amounts are: State- $100, Regional-$200, National and International-$500.**

**Please allow 4 weeks for processing the Youth Fund application.**

**Please complete in full:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Alias: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SASS #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Category: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Junior Shooter Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_**

**My signature confirms that I have read and agree to above Official Rules.**

**Return to:**

 **Jay Swiers (Major Mishap) 12704 NW 214 Terrace High Springs, Florida 32643**

**Telephone: 386-418-1090, e-mail: jls53@windstream.net**

**DATE APPLICATION RECIEVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE CHECK MAILED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**