



## **Club Assistance Policy**

Archery Nova Scotia recognizes the need to help clubs when unforeseen circumstances happen while trying to host a tournament. This policy is to help assist clubs in the event a club fails to generate any revenue for an event.

1. Archery Nova Scotia will provide financial assistance to any affiliated club in good standing with hosting either a registered or nonregistered event that is approved and posted on the ANS shoot schedule.
2. To qualify for Club Assistance a club will need to show proof of revenue (50/50, registration fees, ticket sales etc.) and expenses (medals, score cards, food, purchased prizes, gift cards etc.) for the event in question.
3. A club cannot use rental for a facility for an expense if the location is the clubs normal shooting location unless the club is normally charged a fee when hosting a shoot night or ANS event. A club could charge facility rental as an expense if they rented a venue outside of their club to host such an event, such as for a Provincial or Atlantic event.
4. A club must submit a claim within 14 days of the event for the boards review.
5. Up to a maximum of \$250 will be allocated for each event.



## ANS Club Assistance Form

Date: \_\_\_\_\_

Club: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

Contact person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Shoot or Event:

\_\_\_\_\_

Date Held: \_\_\_\_\_

Number of Competitors: \_\_\_\_\_

I certify that the account is correct and just in all respects.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Please retain all receipts/Invoices for income/expenses. ANS may request them before providing assistance. Please submit form up to 14 days post event, otherwise claim may be refused.

<b>Income</b>	
Registration:	\$
Food Sales:	\$
Ticket Sales ie; 50/50:	\$
Donations:	\$
Other: Please specify	\$
Other: Please specify	\$
Total Income	\$
<b>Expenses</b>	
Awards:	\$
Prizes:	\$
Food:	\$
Scorecards:	\$
Other: Please Specify	\$
Other: Please Specify	\$
Total Expenses	\$
Net Income (or Loss)	\$

Office Use:	
Date:	Payment amount: \$
Payment Type:	