



PERFORMANCE ACADEMY

World Class Shotgun Sports Training

Performance First, Winning Second!™

DryFire™ Scholastic Laptop Grant Program

Center Shot Sports has partnered with a Fortune 500 company to help youth shotgun teams with training expenses. The program will grant laptops to scholastic shotgun teams that utilize a single or dual head [DryFire™](#) Squad Pack system. These training systems are being used by world class athletes around the world.

Eligibility for grant program:

- Must be a Scholastic Shotgun Program
- Must purchase a Single or Dual Head Squad Pack System
- Must submit official grant application

The coordinator of this program is Marvin Spinks of Center Shot Sports. Spinks said, "In coaching clay target athletes time and resources are precious commodities. The DryFire™ system allows the athlete to train with their own shotgun in both American and International style skeet, trap and sporting clays for penny's a shot. We hope that granting out fifty to one hundred laptops a year will help athletes and teams stay in the shooting sports".

DryFire™ allows teams to shoot as many targets a year as they want. If a team trains 30 minutes a day, 5 days a week, they will shoot 50,000+ targets in a year. Something very few athletes are ever able to do. But, because DryFire™ is conveniently located anywhere, the team will easily be able to spend the time necessary to shoot and stay proficient.

For more information E-mail: mcspink@aol.com Web site: www.CenterShotSports.com
or call us at Office 706.563.5508 Mobile 706.718.0915 Fax 866.909.3102

Center Shot Sports Scholastic Grant Application

Expiration Date: 12/31/2008

Application for DryFire Computer Grant Program Fax Form to CSSPA @ 866-909-3102

1. Type of Submission:

- Application
 Changed/Corrected Application

2. Type of Application

- New
 Continuation

3. Scholastic Affiliation:

- Collegiate 4-H BSA
 SCTP FFA Other: _____

CSS Use Only:

3. Date Received by CSS:

4. Application Identifier #:

APPLICANT INFORMATION:

a. Team Name:

a. State Program:

b. Team Coach Name:

b. State Coordinator:

c. Team ID Number:

c. State ID Number:

d. Program/School Address:

d. Program Address:

*Street 1: _____
 Street 2: _____
 *City: _____
 *County: _____
 *State: _____
 *Zip / Postal Code _____
 *Phone : _____
 *Fax: _____

*Street 1: _____
 Street 2: _____
 *City: _____
 *County: _____
 *State: _____
 *Zip / Postal Code _____
 *Phone : _____
 *Fax: _____

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: _____ *First Name: _____
 Middle Name: _____
 *Last Name: _____
 Suffix: _____

Title: _____

*Organizational Affiliation: _____

*Telephone Number: _____

*Fax Number: _____

*Email: _____

*By signing this application, I certify that the statements are true, complete and accurate to the best of my knowledge. I also provide the required assurances and agree to comply with any and all terms if I accept this grant. I am aware that any false, fictitious, or fraudulent statements, claims or failure to return equipment at the end of the your program may subject me to criminal, civil, or administrative penalties.

- ** I AGREE TO PAY FOR SHIPPING & INSURANCE TO OUR PROGRAM ADDRESS.
- ** I AGREE TO RETURN THE LAPTOP AND PAY FOR RETURN SHIPPING & INSURANCE TO CENTER SHOT SPORTS IF OUR PROGRAM DISSOLVES OR STOPS USING THE DRYFIRE UNIT TO RE-GRANT THE LAPTOP.
- ** I AGREE TO FILE A CONTINUATION AGREEMENT EACH YEAR FOR THE GRANT PROGRAM.

Authorized Representative:

Prefix: _____

*First Name: _____

Middle Name: _____

*Last Name: _____

Suffix: _____

*Title:

*Telephone Number:

Fax Number:

* Email:

*Signature of Authorized Representative:

*Date Signed: