

NATIONAL SHOOTING SPORTS FOUNDATION'S HURRICANE RELIEF FUND APPLICATION

Store Name:		Date:
Address:		
City:	State:	Zip:
Primary Contact Name:		
Primary Contact Address:		
City	State	Zip:
Phone Number:	Fax Number:	
Cell Phone:	Email:	
FFL Number:		
NSSF Member ID #:		
Amount Requesting: \$		
Critical Need: Have you contacted your insurance company? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please attach a notice from your insurance carrier acknowledging receipt of your claim. To expedite the processing of your application, please provide any other documentation that will substantiate your financial hardship and intent to resume operations (e.g., bills, invoices, receipts, pictures, correspondence with vendors/suppliers/distributors, etc.)		For Office Use Only
		Approved
		Date
		Amount Awarded

Return application to:
 Hurricane Relief Fund, Samantha Hughes,
 National Shooting Sports Foundation, 11 Mile Hill Road, Newtown, CT 06470
 Email: shughes@nssf.org • Fax: 203-426-1087

