



ATHLETE DEVELOPMENT FUND APPLICATION

Athlete Name: _____

Parents Names: _____

Phone Number: Day: _____ Evening: _____

Discipline: Artistic Gymnastics Trampoline & Tumbling

Meets Attended _____

Date of Meet: _____

Describe why you feel you should be eligible for this funding:

Travel Costs could include: Gas, hotel, airfare, car rental, food \$ _____

Did you receive any funds from other sources? _____ How much? _____

Receipts are **required** with your application to receive reimbursement for ANY of the above

Date of application: _____ Signature: _____

Board Approval:

Date: _____ Signature: _____

Amount Given: _____

Comments: