

USA GYMNASTICS
REGIONAL/STATE ELITE ATHLETE FUNDING APPLICATION

APPLICANT INFORMATION

Name:

Date of birth:

USAG #:

Phone:

Current address:

City:

State:

ZIP Code:

Email Address:

Region:

Regional Director:

Level (Circle One): Sr. Elite / Jr. Elite

National Team Member: Y / N

State Director:

EVENT FUNDING INFORMATION

Competition Name:

Venue:

City:

State:

Competition Dates:

EVENT COSTS

Airfare:

Lodging:

Meals:

Meet Fees:

Car Rental:

Other Miscellaneous Expenses:

REGIONAL/STATE FUNDING GUIDELINES

The Regional/State Funding Applications will be processed on a first received basis. All applicants will go through a review process before disbursement of any funds. This program is a re-imbursement program, all receipts and vouchers for expenses must be received with this application to verify the incurred expense.

I authorize USA Gymnastics, to verify the information provided on this form as well as all receipts provided. If any information provided is proven to be false or forged, the athlete will not be eligible for two years for future funding.

Signature of applicant:

Date:

Signature of Parent/Guardian if Applicant Under 18:

Date:

Signature of Athlete's Coach:

Date:

Send completed application to:

Mary Lynn Pottorff
 334 Gwens Cove Ct
 Lowell, Indiana 46356
tumblejudge@aol.com