

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:
Events Athlete Will Compete In (Circle all that apply):		
Trampoline	Synchronized Trampoline	Tumbling
		Double-Mini

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-imbusement 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:
Mail completed form to: <div style="text-align: center;"> Mary Lynn Pottorff, Region IV Director 9733 Redbud Road Munster, IN 46321 Fax: 219-924-2180 </div>	