

(RETURN WITH REGISTRATION – DUE June 30th, 2010)



**Application for Stipend Reimbursement/Credit
Texas Gulf Coast Figure Skating Club**

Date of Application: _____

Skater Name _____

Event Name(s) _____

Skating Level _____ Amount requested \$ _____

Year joined TGCFCSC _____ TGCFCSC Home Club member: [] YES [] NO

Date membership application & payment received by Treasurer _____

Detail volunteer efforts benefiting the club: (Attach additional information as necessary)

Event Hours:

FOR STIPEND COMMITTEE USE ONLY

Date reviewed _____ Amount approved _____

Reason for denial _____