

**(RETURN WITH REGISTRATION – DUE June 30<sup>th</sup>, 2011)**



**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 \_\_\_\_\_