



Athlete Request for Financial Assistance

Name: _____ Today's Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Home) _____ (Work or cell): _____

Event: _____ Distance: _____ Date: _____

Team or Individual event: (circle one) Anticipated finish time: _____

Please detail anticipated travel costs (flight, fuel, hotel, entry etc.)

Expenses of trip	Anticipated Cost	Actual Cost (complete on return with receipts)
Total		

Additional Information (National Championship, Regional, or Local Event, what is the benefit in attending this competition?)

Approved for: \$ _____

Not approved: _____

APPROVED BY: _____ DATE: _____

**** This form must be submitted 30 days prior to the event for full consideration. This is your responsibility without exception.**

Send to: **Howard Reitz, GVH Inc. 8 Candlewood Circle, Pittsford, NY 14534.**