



## 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.**