Powell River Gymnastics & Cheer

APPLICATION FOR OUTSIDE FUNDING

If you are applying for funding, please complete the following form in full.
Any amount owing outside of the funding amount must be paid for at the time of registration.

CHILD'S INFORMATION	
CHILD'S NAME:	
CLASS TIME AND DAY:	

PARENT / GUARDIAN WHO IS RESPONSIBLE FOR THE PAYMENT OF THE CLASS			
NAME:			
PHONE NUMBER:		**CELL PHONE**	

SPORTS FUNDER INFORMATION	
NAME OF FUNDING APPLIED FOR	
AMOUNT REQUESTED	
DATE APPLIED FOR	
EXPECTED RECEIVING DATE	

I, _____, hereby agree to cover all costs for my athlete's gymnastics and/or cheer program should my funding be denied for any reason/circumstance.

_____ _____ _____

(date) (print name) (signature)

PLEASE DO NOT WRITE BELOW THIS LINE

OFFICE USE ONLY			
DATE APPLICATION REC'D		**COST OF CLASS**	
DATE FUNDING REC'D		**AMOUNT REC'D**	
NOTES			