

Support Application – Hickox Memorial Fund
The Skating Club of San Francisco, Inc.



Coach's Support Program Application

Date of Application: _____

Applicant Name: _____

Event Name: _____

Event Date/s: _____

Event Location: _____

Applicant Background:

Home Club member ___ yrs. **or** Coach member ___ yrs.

Years Coaching: _____

PSA Ratings Held: _____

Volunteer Hours (this season): _____

Contributions to SCSF (e.g., represented SCSF as a competitor in USFS competitions and / or SCSF Club events – Skate San Francisco, Gala; volunteer hours supporting SCSF events – competitions, tests, etc.):

Eligible Expenses for Applicant Reimbursement:

Seminar/Webinar Registration fees: _____

CER registration fees: _____

PSA membership/Liability Insurance: _____

Background Check/Other Expenses: _____

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Travel Expenses:

- Hotel: _____
- Transportation
 - Airfare: _____
 - Car Rental: _____
 - Ground Transportation: _____

Other (Please Explain): _____

Amount of Request (attach receipts for travel, hotel, other business expenses, etc.) (Food and beverages will NOT be considered.)

Total Expenses: _____

Signature: _____ **Date:** __/ __/ __

For Board Use Only

Eligible for:

Home Club 100% of max. amount SCSF Coach 80% of max. amount

Ratings: Master 100% Senior 80% Certified 60% Registered 40%

SCSF Board Action Taken _____