

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



Official's Support Application

Date of Application: _____

Applicant Name: _____

Event Name: _____

Event Location: _____

Event Date/s: _____

Purpose / Goal from receipt of support: _____

Applicant Background:

SCSF Home Club member since: _____

Current competition level: _____

Current test judging level: _____

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 Registration fees: _____

Miscellaneous fees (please list): _____

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Travel Expenses:

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

Other (Please Explain): _____

Amount of Request (attach receipts for travel, registrations, equipment necessary, etc.)

Total Expenses: _____

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

For Board Use Only

Eligible for:

Max. cap allowed: _____ Other Amount: _____

SCSF Board Action _____