

Junior Sailing Clinic Grant Request Form

Singlehanded/Doublehanded/Triplehanded Clinics



Grants are available from the Indiana Sailing Foundation for clubs and sailing organizations conducting clinics to prepare youth sailors for the US Sailings's junior championships for the Sears, Bemis and Smythe trophies. Grants are to assist with instructor fees and range from \$100-\$2,500. The amount is based on the number of clinic participants, and the number of other grant recipients in your Area. *A grant check will be issued only after this form and the Clinic Participant List have been received at the Indiana Sailing Foundation's office.*

Clinic Host: _____

Clinic Dates: _____ RSA: _____

Type: Triplehanded Doublehanded Singlehanded # Clinic Participants: _____

Instructor Name(s):

Contact Name: _____

Day Phone: _____ Evening Phone: _____

Street Address: _____

City/State/Zip: _____

Email address or fax: _____

Make grant check payable to: _____

Mail grant to: (if different from above) _____

Please return a copy of this form and the participant list to:

Indiana Sailing Foundation
c/o Ent & Imler CPA Group, P.C.
5875 Castle Creek Parkway, Suite 290
Indianapolis, IN 46250

Date Received at ISF	Date Approved	Approved By	Amount Approved	Date Check Requested	Date Check Mailed
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Clinic Participant List

Please complete for each clinic participant, or attach a list with complete information. (Date of birth is crucial.) Grant checks will not be sent without a participant list.

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Birth date: _____	Birth date: _____
US SAILING member #: _____	US SAILING member #: _____

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Birth date: _____	Birth date: _____
US SAILING member #: _____	US SAILING member #: _____

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Birth date: _____	Birth date: _____
US SAILING member #: _____	US SAILING member #: _____

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Birth date: _____	Birth date: _____
US SAILING member #: _____	US SAILING member #: _____

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Birth date: _____	Birth date: _____
US SAILING member #: _____	US SAILING member #: _____

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Birth date: _____	Birth date: _____
US SAILING member #: _____	US SAILING member #: _____

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Birth date: _____	Birth date: _____
US SAILING member #: _____	US SAILING member #: _____

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