

North Texas Tumbling & Trampoline

Travel Grant Application

Please type or print clearly

Name: _____

Team Affiliation: _____

Length of time with current team: __ _____

Competition date: _____ Competition Name: _____

I attended the above mention competition/camp as a:

*Level 9/10 _____ (See Details) Jr. Elite _____ Sr. Elite _____ Coach _____ Judge _____

_____ I attended this competition/clinic on my own and representing my own team

_____ I attended this competition/clinic in order to earn points for the Jr/Sr natl team

_____ USA Gymnastics assigned me to this competition/clinic

_____ I was fully funded by USA Gymnastics to this competition/clinic

_____ I was partially funded by USA Gymnastics to this competition/clinic

_____ I received no funding from USA Gymnastics for this competition/clinic

Have you been a participating member of NTXTT for one full year ? _____ YES _____ NO

The reimbursement funds will be mailed to the party who initially funded the travel.

Please remit funds to:

Name _____

Address: __ _____

City: __ _____ State: _____

Zip: _____

I _____ as the head coach of the affiliated member club listed above do hereby (head coaches) certify that the athlete requesting funds is not currently in any default of payment or dues to the North Texas member club listed as the affiliated club on this request.

Signature _____

Date _____

Gym Email address: _____

The following must be attached to the request.

Documentation that verifies travel.

Competition results

Please send to Bret Stout: 5021 Vineyard Lane, McKinney, TX 75070