

Club Outreach Declaration

Date:

Club:

Swimmer:

By our signatures below, we attest to the fact that our swim club will reduce registration fees for the above named Grant recipient by \$_____ for the 2012 Long Course season.

We request that the Adirondack Swimming Outreach Committee match this amount. (AD will match up to \$50 in addition to the \$100 grant)

Total registration fees for swimmer's assigned group: \$_____

- \$100 grant

- \$_____ club discount

- \$_____ AD match

Remaining cost to athlete: \$_____

If grant with matching funds fully covers the club registration fee and there is money remaining, please specify how it is to be spent (team suit, meet fees, etc):

Club President:

Club Registrar:

Athlete parent or guardian:

Please submit this document to the AD Outreach Chair: Carolyn Manor 1017 Rosendale Rd Niskayuna, NY 12309 generalchair@adirondackswimming.org

THIS FORM MUST BE SUBMITTED AT THE SAME TIME AS THE APPLICATION. IF POSSIBLE, SUBMIT WITH APPLICATION PACKAGE.