

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 (year) _____ (circle) Short Long Course season.

We request that the Adirondack Swimming Outreach Committee match this amount. (AD will match up to \$100 in addition to the \$200 grant for the Short Course season and up to \$50 in addition to the \$100 grant for the Long Course season.)

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

-\$_____ 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 signature:

Club Registrar signature:

Athlete parent or guardian signature:

Please submit this document to the AD Outreach Coordinator:

**Sean Caron
17 Vienna Court
Burnt Hills, NY 12027
scaron@nycap.rr.com**

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