

**APPLICATION FOR REQUESTING FUNDS FROM THE HUDSON ATHLETES FUND**

Please be sure to type or print clearly on this application. Applications that cannot be read will not be processed. Please be sure to include all receipts and any proof that is required for your request. Failure to include all required information will result in a delay in processing your application. The general information section must be filled out completely.

**GENERAL INFORMATION**

NAME:			
ADDRESS			
CITY:	STATE:	ZIP:	
SSN#:	HOME PHONE:	CELL PHONE:	
E-MAIL ADDRESS:			
JUDO CLUB:	INSTRUCTOR:	USJF #:	EXP. DATE:
TOTAL WORKOUTS YOU HAVE ATTENDED?		TOTAL POINTS YOU HAVE ACCUMULATED?	
DO YOU HAVE A COMPLETED BACKGROUND CHECK ON FILE WITH THE USJF OFFICE?			
LENGTH OF TIME YOU HAVE BEEN A MEMBER OF HUDSON JUDO YUDANASHKAI:			
DATE OF EVENT YOU ARE REQUESTING REIMBURSEMENT FOR:			

**REFUND REQUEST**

REASON YOU ARE REQUESTING REFUND:		
PLEASE LIST SEPARATELY A DESCRIPTION AND AMOUNT OF EACH RECEIPT SUBMITTED:		

**COMPETITION AWARD STIPEND REQUEST**

COMPETITION PLACED IN THAT QUALIFIES FOR AN AWARD:	
AMOUNT OF PLAYERS IN YOUR DIVISION:	DATE OF COMPETITION:
LOCATION OF THE COMPETITION:	

**COMPETITION FUNDING REQUEST**

IF YOU ARE REQUESTING THAT WE PROVIDE FUNDING FOR AN UPCOMING COMPETITION PLEASE PROVIDE ALL TRAVEL DATES. A COMPLETE DISCRPTION OF THE COMPETITION NEEDS TO BE PROVIDED AS WELL ANY OTHER PERTINENT INFORMATION.

**CAMP FUNDING REQUEST**

IF YOU ARE REQUESTING TRAINING CAMP FUNDING PLEASE PROVIDE THE INFORMATION REQUESTED BELOW:
NAME OF CAMP:
DATE OF CAMP:
PERSON OR ORGANIZATION CONDUCTING THE CAMP:
ADDRESS TO SEND CAMP FEE:
NAME OF PERSON OR ORGANIZATION CHECK IS PAYABLE TO:
AMOUNT OF CAMP FEE:

Please indicate if you will allow your name and the amount of funding received to be posted on the Hudson Web Site and/or Facebook pages.

I will allow my name (or child's name, if under 18 years of age) and funding totals to be posted

I do not want my name (or child's name, if under 18 years of age) and funding totals to be posted

Print name of athlete or parent or guardian (if under 18 years of age) \_\_\_\_\_

Signature of athlete of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Please send this application with any and all receipts to the address below. Requests that do not require submitting receipts should be e-mailed for a quicker response.

Hudson Athlete Fund Request, c/o Chris Skelley, 42 Essex Street, Lodi, NJ 07644

Phone Number – 201-638-5944 or e-mail cskelley@greenapplecleaners.com