SPOKANE REGIONAL sports commission

ATHLETIC ACHIEVEMENT GRANT PROGRAM
TEAM APPLICATION

Name of Team				**Date**	
Number of Participants		**Age Range**			
Contact person (individual completing application)					
Phone		**Email**			
Address					
City / State / Zip					
National Governing Body or Sport Organization					
Event team will be competing in					
Event location					
Event date(s)					
Describe in detail how you qualified for this event *(please use additional sheets if necessary)*					
Total estimated travel expenses					
Activities completed or planned to raise funds or other sources of funds applied for **note that the AAGP is intended to supplement/match other monies raised*					
How did you hear about the AAGP?					

*****By completing this application you acknowledge that you agree with the non-discrimination standards stated in the AAGP Policies & Guidelines.**

Please Fax this application to 509-456-5837 or email to erics@spokanesports.org.
For more information please call 509-456-5812 or visit our website at www.spokanesports.org.

If grant approved, make check payable to (PLEASE PRINT):

Name/Organization _____

Address _____

_____

THIS PROGRAM SUPPORTED BY OUR PARTNERS IN ATHLETIC ACHIEVEMENT:

spokane HOOPFEST ROCKWOOD COEUR D'ALENE CASINO RESORT • HOTEL SWX Sports & Weather Right Now