

Wrestler Development Program
Financial Reimbursement Application

Event Name _____ Event Date _____

Reimbursement Amount _____

Wrestler Name _____ Grade _____

Wrestler Email _____ Parent Email _____

Parent Name(Person who will receive Check) _____

Parent Address _____

Parent Phone Number _____

As a recipient of financial assistance from the Dallastown Booster Club, I agree that the above mentioned wrestler will participate in the event named above. I also agree that all funds received will be used for the event listed. In the event that participation is not possible for whatever reason, I agree to reimburse the Dallastown Wrestling Booster Club for the full amount that was received. Reimbursement must be received by the Booster Club within 30 days following the conclusion of the event that the wrestler was initially planning to attend. Failure to do so will result in the ineligibility of that athlete to receive any future financial stipends from the Booster Club.

Parent Name(Printed) _____

Parent Signature _____ Date _____

Mail Applications to : John Childress-610 South Franklin Street,Red Lion,Pa 17356
(or hand deliver to John Childress or Coach Gable)

Booster Club Official Use Only

Wrestler Name _____

Date Application Received _____ Event _____

Amount Given _____ Check # _____

Payable to _____