



## Competitor Support Information

Have you ever received past financial support from CCFSC? Yes \_\_\_\_ No \_\_\_\_

List the level and competitive event:

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**For which qualifying competition are you applying for financial support with this application?**

**Name of competition:**

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(Qualifying Competitions: Central Pacific Regionals, Pacific Coast Sectionals, US Championships (Nationals), Pacific Coast Synchronized Sectionals, Synchronized Nationals, National Showcase, Pacific Coast Adult Sectionals - qualifying events only, U.S. Adult Championships - qualifying events only)

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Competition Dates:** \_\_\_\_\_

**What were your expenses to participate in this competition?**

**Note: For Regionals only the Entry fee is considered**

Entry fee: \$ \_\_\_\_\_  
Coaching fees: \$ \_\_\_\_\_  
Lodging: \$ \_\_\_\_\_  
Transportation: \$ \_\_\_\_\_  
Total: \$ \_\_\_\_\_

A skater competing at a qualifying level is eligible to receive club financial support up to a total of \$599.00 each calendar year (January 1 – December 31) for expenses related to a qualifying competition. A skater must skate in the event to qualify for support. All financial support is subject to CCFSC Board approval and are provided at the sole discretion of the Board.

**Deadline for request is 30 days following the conclusion of the applicable competition.**

Signature of skater: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent (if skater is under 18 years of age):  
\_\_\_\_\_ Date: \_\_\_\_\_

**Return this form to: CCFSC**

**By Mail:** 41020 Douglas Blvd #306-211 Granite Bay CA 95746

**By Email:** capitalcityfsc@gmail.com

**For club use only:**

**Date Application Received:** \_\_\_\_\_

**Date Awarded:** \_\_\_\_\_

**Check No.** \_\_\_\_\_