



BOXER STIPEND FORM

Name of Requestor: _____ Name of Boxer: _____

Boxer Club Name: _____ Name of Tournament: _____

Check Payable To: _____ Boxer Registration No: _____

Mailing Address: _____ Phone Number: _____

Date(s) of Travel: _____ Receipt(s) Attached (*required*) (Y/N): _____

Boxer Under 18 (Y/N): _____ Guardian Name: _____

Guardian Address: _____ Guardian Phone Number: _____

Total Amount of Expenditures: _____ Boxer Phone Number: _____

Detail of Expenditures

DATE	DESCRIPTION	AMOUNT	RECEIPT (Y/N)

Signature of Requestor

Signature of Boxer

Date

Checks will be made payable to the guardian if the boxer is under 18