

BOXER STIPEND FORM

Name of Requestor:		Name of Boxer:	
Boxer Club Name:		Name of Tournament:	
Check Payable To:		Boxer Phone Number:	
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 E	xpenditures	
DATE	DESCRIPTION	AMOUNT	RECEIPT (Y/N)
Signature of Requestor		ignature of Boxer	
Date			