

Competition Subsidy Application

		Applicant Informat	ion
Full Name:	Last	First	USFS#:
Address:	Address		
Phone:	Address	Comp Name:	t <u>. </u>
Host Club:		Sanction (ISI/USFS):	Competition fees:
		Requirements	
 Must fur group (Meet vor member Subsidire volunte Every 5 In addited 	ulfill the volunteer (ex. Competition I colunteer members ership year. ies are per skater er hours to cover 5 hours of volunte tion, families with \$150 for Sec \$300 for Nat	hours listed below in support of CFSC for the JSA or Special Olympics Figure Skating). At ship hours within membership year (July 1-July); for families with siblings, you may meet the all skaters minimum requirements er time is worth \$25 toward competition fees skaters earning Sectional or National qualificational skaters with 30 or more volunteer hours ional skaters with 40 or more volunteer hours.	cations can earn an additional rs per year
Please note	number of hours	and subsidy being requested below:	
	To	tal # of hours	Amount Requested
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Subsidy Options for Synchro Teams

Synchronized Skating Teams are also eligible for competition subsidies. Volunteer hours for the team are accrued by:

- Team members or their parents serving in volunteer capacity for the club.
- Team members must complete the Volunteer report form being sure to indicate which team their hours should be credited toward.
- The team manager must fill out the subsidy application, attach a copy of the competition entry form and the completed Volunteer report forms and turn them in for processing. All volunteer hours must be accumulated in the same club membership year (July 1 – June 30) as the competition for which the subsidy is being applied for.

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- 30 hours\$250 Non-Qualifying Sectional competition
- 40 hours\$400 Qualifying Sectionals
- 50 total hours\$600 Synchro Nationals

7/1/2023



	Discialmer and s	Signature	
incurred by skater an	vers are true and complete to the best of my d skater did participate in the event. All volu e benefit of its members, affiliates or othe	nteer hours were don	e on behalf of Carolinas Figure
Signature:			Date:
(Parent/Guardian if un	der 18)		
	Volunteer Hour De	ocumentati	on
Your name:			
Skater name:			
Synchro Team (If appl	icable):		
Address:			
Volunteer hour docum	entation form must include hours, event, activity	ty and date.	
Date	Club Volunteer Activity or Event	Hours Spent	Competition Receipt Provided? (Yes or No)
incurred by skater an	rers are true and complete to the best of my d skater did participate in the event. All volu e benefit of its members, affiliates or othe	nteer hours were don	e on behalf of Carolinas Figure
Signature:			Date:
(Parent/Guardian if un	der 18)	<u> </u>	

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