

Club Outreach Declaration

Date: _____

Club: _____

Swimmer: _____

By our signatures below, we attest to the fact that our swim club will reduce registration fees for the above named Grant recipient by \$_____ for the _____ year (*circle*) Short or Long Course season.

We request that the Adirondack Swimming Outreach Committee match this amount. (AD will match up to \$100 in addition to the \$300 grant for the Short Course season and up to \$100 in addition to the \$200 grant for the Long Course season.)

Total registration fees for swimmer's assigned group: \$_____

-\$_____ grant

-\$_____ club discount

-\$_____ AD match

Remaining cost to athlete: \$_____

If grant with matching funds fully covers the club registration fee and there is money remaining, please specify how it is to be spent (team suit, meet fees, etc):

Club President signature: _____

Club Registrar signature: _____

Athlete parent/guardian signature: _____

Please submit this document to the AD Outreach Coordinator:

Jeffrey Luks
51 History Hills Ct
Latham, NY 12110
swimmerluks@gmail.com

THIS FORM MUST BE SUBMITTED AT THE SAME TIME AS THE APPLICATION. IF POSSIBLE, SUBMIT WITH APPLICATION PACKAGE.