

# Wichita Figure Skating Club



## Skater's 50% Funds Request

Today's date: \_\_\_\_\_ Amount Requested \$ \_\_\_\_\_  
Skater's Name: \_\_\_\_\_ USFSA # \_\_\_\_\_  
Parent Name: \_\_\_\_\_ USFSA # \_\_\_\_\_  
Street Address: \_\_\_\_\_ Home Phone # ( ) \_\_\_\_\_  
P.O. Box: \_\_\_\_\_ Cell Phone # ( ) \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Item or service purchased by skater (check all that apply):

- \_\_\_\_ WFSC apparel from Jammin website      \_\_\_\_ USFSA club-sponsored clinic  
\_\_\_\_ WFSC-sponsored skating clinic      \_\_\_\_ WFSC membership renewal fee  
\_\_\_\_ Registration fees for Mid-Continent Classic

Are original receipts for skater's purchase attached? \_\_\_\_\_

I do hereby promise that the information on this form has been reported truthfully.

Skater Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### OFFICIAL USE ONLY

WFSC Treasurer Signature \_\_\_\_\_ Date \_\_\_\_\_

WFSC President Signature \_\_\_\_\_ Date \_\_\_\_\_

Check # \_\_\_\_\_ Date Mailed \_\_\_\_\_

Skater's Balance \$ \_\_\_\_\_ less Check Amount \$ \_\_\_\_\_ = New Balance \$ \_\_\_\_\_