

Team Grant Request Form

To be completed 45 days before event for the purpose of requesting assistance from the AMT. Payment is only guaranteed if completed on time without missing information and approved by the AMT. If no budget is submitted and/or no effort has been made to raise Team funds, the AMT has the right to deny request.

Team Name

Date

Purpose

Team Balance before request

Estimated Request Details

Registration

cost per person

Number of Athletes including Unified X =
Number of Coaches and Volunteers X =

Total Registration Expense

Transportation

Date Traveling to
Rental fees Fuel receipts

Total Transportation Expense

Lodging

Hotel name
Number of rooms needed X Cost per night
Number of nights X

Total Lodging Expense

Meals/Snacks

Number of people X Average cost

Total Meals Expense

Training and Equipment

Facility fees Estimated expense
Equipment rental/ purchase Estimated expense
Uniforms Estimated expense
Other (explain) Estimated expense

Total Training & Equipment Expense

TOTAL AMOUNT REQUESTED

For official use only. Do not write below this line.

Date received	Grant needed	Yes	No
Received by	Grant requested	Yes	No
Current team balance	Grant approved by AMT	Yes	No
Date	Actual grant amount awarded		