



Tampa Sports Club Charity, Inc  
PO Box 10753 • Tampa, FL 33679

## REQUEST FOR FUNDS

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Note: If this request is for funds for a team, please provide the name and phone number of manager or coach.

1. For what purpose are the funds needed? (specify type of event and date) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. State how you or your team qualified to participate in this event. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. a) If you win this particular event, will progress to another level? (i.e. State to Regional, etc.) \_\_\_\_\_

b) Will additional funds be needed for you to participate in the higher level? \_\_\_\_\_

If "yes", state the estimated amount \_\_\_\_\_

4. Indicate total estimated cost for you to participate in this event. \_\_\_\_\_

5. Amount of funds you are requesting from the TSC Charity ,Inc. \_\_\_\_\_

6. What sources will the balance of the funds come from? \_\_\_\_\_

7. Provide a copy of the IRS 501 (c) (3) determination letter for the organization receiving the funds.

I request that the Tampa Sports Club Charity ,Inc provide me with the funds indicated in item 5 above. I understand that should I fail to participate in this event, I am to refund the total amount granted back to the Tampa Sports Club Charity, Inc.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form should be completed and submitted to the Tampa Sports Club Charity,Inc 30-days in advance of the anticipated date the funds are needed.