***The Hershey Figure Skating Club***

**“Qualifying” Competition**

**Expense Disbursement Form**

This form should be completed by full Hershey Figure Skating Club members requesting reimbursement for participation in a USFS Sanctioned Qualifying Event. Reimbursement includes event registration costs and up to $250 for travel expenses. Please provide a copy of the hotel bill, mileage, and registration after participation in event.

Skater’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent of Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City / State / Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Requesting Reimbursement (Check one):

\_\_\_\_\_\_ Regionals \_\_\_\_\_\_\_ Sectionals \_\_\_\_\_\_\_\_ Nationals

Note: Only those skaters who have submitted the Expense disbursement Application and comply with the conditions and rules disclosed on application may submit this form for disbursement.

**Forward completed forms to the HFSC Accountant:**

McGuire & Associates

c/o Hershey Figure Skating Club

439 Walton Ave.

Hummelstown, PA 17036

You must allow 10 days to process this Form, cut the checks, and return them to you.  No exceptions.

**\_\_\_\_\_ I am requesting a check for the USFS Qualifying Event Application Fee.**

Please include a copy of the entry eeze registration form. (Does not include any late charges)

Pay to the Order of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AMOUNT $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_ I am requesting a check for the Travel Expenses for Skater.**

Please include a copy of the competition results from the skaters event to receive payment for travel expense. (This amount will be limited to $250 and will depend on the financial stability of the club, and the approved amount budgeted for the year.)

Pay to the Order of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AMOUNT $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Skater’s Signature or Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_