

Texas Amateur Athletic Federation – Region 7

Application for State Conference Assistance Fund (S.C.A.F.)

NAME:		
CITY / ORGANIZATION:		
ADDRESS:		
HOME #:	WORK #:	EMAIL:

1. Is your City a current member with the Texas Amateur Athletic Federation ___ Yes ___ No

2. How have you been involved with the Texas Amateur Athletic Federation? (check all that apply)
 ___ Regional Meetings ___ Annual Meetings / Conferences ___ Games of Texas
 ___ Regional Director ___ Executive Member ___ Sports Commissioner
 ___ Committee Chair / Member ___ Other (_____)

3. What are you requesting S.C.A.F. FUNDS for? ___ Registration ___ Travel ___ Lodging

4. What is the approximate cost of Travel (Gas/Airfare)? _____

5. What is the approximate cost of Lodging _____

6. Do you have a roommate for this function? If yes, who? _____

7. What is the approximate cost of Registration Expenses? _____

8. Please provide us with any additional comments that would help in the decision: _____

Signature of Applicant _____ Date _____

*** Please Note:** We are requesting that your supervisor signs below indicating that the travel you are requesting financial aid for has been approved.

Signature of Supervisor _____ Date _____