

NEICC Fund Judge/Accountant Support Fund Application Form

Prospective Accountant: <input type="checkbox"/> Prospective Judge: <input type="checkbox"/> Level in which you are trialing Singles/Pairs: <input type="checkbox"/> Level _____ Dance: <input type="checkbox"/> Level _____ Synch: <input type="checkbox"/> Level _____	Current Accountant/Judge Level _____
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Name

Street Address

City	State	Zip
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Email	Phone
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Home Club	USFS#
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Monitor Name

Signature: Your signature below indicates that the information provided is accurate, and that you have read and will abide by the policy statement regarding the use of this fund.

	Date
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Committee Review Only

Approved: Denied: Date: _____