**COMPLETE THIS FORM, ATTACH ALL RECEIPTS AND MAIL TO AAFS AT THE ADDRESS BELOW**

**APPLICATIONS MUST POSTMARKED BY May 15Th 2023. NO HAND DELIVERIES WILL BE ACCEPTED.**

**REIMBURSEMENTS WILL BE DELIVERED AT THE ANNUAL MEETING OR MAILED.**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Parent or Guardian/Eligible Adult Skater 18 or above, in print) wish to apply for AAFS’ single, pair or dance eligible skater\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(in print), USFS Membership number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to the Tier IV Account for reimbursement of expenses for the competition listed below. I understand that this form must be hand delivered to an AAFS Board Member or postmarked by **May 15Th 2023**. **This disbursement is for competition expenses incurred in 2022**. Reimbursements will be made in the following priority order: Top of the World (TOW), Northwest Pacific Regionals, Pacific Coast Sectionals, and Nationals. After all eligible TOW applications have been processed, the remainder will go to applications for NWP Regionals, then PC Sectionals, then Nationals (National, Adult or Collegiate).

CHECK EACH COMPLETED COMPETITION

\_\_\_\_\_ **Top of the World Competition**

\_\_\_\_\_ **One National Qualifying Series Competition**

\_\_\_\_\_ **Pacific Coast Sectionals or Pacific Coast Adult Sectionals**

\_\_\_\_\_ **USFS National Championships or Adult Nationals Championships or National Collegiate Championships**

I request reimbursement for the following expenses. For each expense checked below you must provide a copy of the canceled check or the credit card statement or the receipt or the entry form or the practice ice schedule. Applications received without the required documentation will not be considered.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Top of the World | One National Qualifying Series. | PC/PC Adult Sectionals | National/Adult Nationals |
| Commercial Transportation (or fuel for private vehicle) |  |  |  |  |
| Commercial Housing |  |  |  |  |
| Competition Fees |  |  |  |  |
| Practice Ice Fees |  |  |  |  |
| TOTAL: |  |  |  |  |

By signing below, I understand that reimbursement of the above expenses will be made in accordance with the guidelines of AAFS Tier IV Travel Account and is based on funds available as of Dec 31, 2022. I also understand that the applicant is responsible for providing any required documentation. An incomplete application or an application without the required documentation will not be considered for reimbursement.

ISSUE CHECK TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT NAME OF PARENT/GUARDIAN OR ELIGIBLE SKATER (18 OR OLDER)

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSTRUCTIONS**

* **Applications must be mailed to AAFS, PO Box 243391, Anchorage, AK 99524. Attention: TIER IV**
* **NO HAND DELIVERED APPLICATIONS WILL BE ACCEPTED.**
* **A Tier IV Volunteer sheet must be submitted with this application. The volunteer service hours required per family for the 2018 calendar year to be eligible for reimbursement for expenses for competitions are listed below:** 
  + **A minimum of 12 volunteer hours is required for Top of the World Competition reimbursement**
  + **A minimum of 18 volunteer hours is required for both Top of the World and the Northwest Pacific Regionals reimbursement or Northwest Pacific Regional Competition only.**
  + **An additional 4 volunteer hours are required for each additional competition listed above (Pacific Coast Sectionals and or Nationals).**
* **The applicant skater must be a full home club member of AAFS.**
* **A parent/guardian may have his/her community volunteer service hours counted for the reimbursement only if the parent/guardian holds an AAFS individual or a Family membership.**
* **It is the responsibility of the applicant/parent to keep track of the volunteer time and to provide the necessary documentation for it.**
* **Any application received without the required information or documentation or not postmarked by the due date will not be considered.**