



SAILING FOUNDATION of NEW YORK

Athlete Account Application

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Name: _____ SS#: _____

Home Address: _____

Email: _____ Phone: _____

Date Of Birth _____ Date of Submission _____

Campaign/Project Description: _____

Proposed Use of Funds Raised: _____

References (Include Name, Address, Daytime Phone, and Email)

Reference #1: _____

Reference #2: _____

If my account is approved, I agree to abide by the Athlete Account Policy of the Sailing Foundation of New York, and to keep the Foundation informed of any significant changes to the nature of my project.

Signature

Date

*Please email completed document to
tlstark@msn.com, with :CC to SFNYComms@gmail.com.*

P.O. Box 124, Rye, NY 10580

SailingFoundationofNY.org