



Al's Clinics Grant Application

The purpose of this grant is to provide financial assistance with lessons, camps/leagues, or other lifetime sport learning opportunities.

Name: _____ Age/Year in School: _____

Address: _____

Phone: _____ Email: _____

Requested Amount: _____ Type of Activity: _____

Where/when is your clinic, lesson, league, etc.? _____

Circle if Appropriate: Baywinds Thunderbird Golf Other: _____

Dates: _____

Where would we send the money (club, school, etc.)? _____

.....
Reference person for applicant:

Name: _____

Phone: _____ Address or E-mail: _____

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Send completed form to:

**Al's Clinics
P.O. Box 102
Sandusky, OH 44871**