

Texas Amateur Athletic Federation – Region 4
Application for of State Tournament Assistance Fund (S.T.A.F.)

NAME:		
TEAM:		
ADDRESS:		
HOME #:	WORK #:	EMAIL:

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

2. Which State Tournament are you requesting S.T.A.F. FUNDS for?

3. What is the Entry Fee? _____

I understand that my team has to attend and play in this tournament in order to be eligible to receive a reimbursement check from Region 4. Reimbursement will be mailed to above address no later than two weeks after the tournament.

Team Rep. Signature _____

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

Signature of Applicant _____ Date _____

*** Please Note:** We are requesting that your TAAF member city rep. signs below indicating that this team has qualified for the tournament above.

Signature of TAAF Member City Rep _____ Date _____

Please submit your completed application to the T.A.A.F. Region 4 Regional Director no later than the tournament registration deadline. The application will be reviewed and approved by the Region 4 Finance Committee by the date of the tournament. Thank you!

Wendy Parker, TAAF Region 4
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