



New Program Grant Request Form

Please forward this request to jen@specialhockey.org

Team Name of Requestor: _____

Contact Info for Requestor Name: _____

Phone: _____

Email: _____

Reason: Tournament Sponsorship

New Program Start-Up

Other _____

Please provide as much information as possible about the request:

Amount Requested: \$ _____

Expected Total Cost of Event/Program: _____

Attached proof of 501(c)3 status



This grant is sponsored by:
SPECIAL HOCKEY OF THE LEHIGH VALLEY
| P.O. Box 538, Center Valley, PA 18034 | (610) 597-1131 | specialhockeylv@gmail.com |