Application: JUDY DEVLIN FUND FOR EXCELLENCE

Application Date:					
First Name	Last Name			M/F:	
Street	City			State Zip	
E-mail:	Phone			Phone	
Player DOB (mm/dd/yyyy)	USAB#				
USAB Ranking as of Month _	Day	Year_			
Singles Doubles	Mi	xed	(ir	nclude group; i.e. U-11)	
Club Affiliation		Prim	ary Coach _		
Coach Contact Info: E-mail			Phon	e	
1. Tournament Results: Mo	st recent to 2 ye	ars back	from applica	ition date	
NAME	LOCATION		DATES	RESULTS	
2. Volunteering Activities th	at relate to spor	t of badm	inton		
ACTIVITY	LOCATION			DATES	
3. Character References (2)					
Name	E-mail		Phone	Relationship	
4. Tournament Name	Dates Lo	ocation		Sanctioning Body	
 Submit a paragraph explaini	ng reason for fu	nds reque	st. Include o	details of all expenses.	