


SAILING FOUNDATION
of NEW YORK

2025 Athlete Account Application

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. In submitting this application, I understand that reimbursement is limited to the event or campaign specified in said application and that funds not used for that specific purpose will move to the SFNY unrestricted account six months after the conclusion of the event or campaign. In addition, I certify that expenses submitted for reimbursement have not and will not be submitted to any other entity for reimbursement.

Signature

Date

Please email completed document to TLStark@msn.com :CC SFNYComms@gmail.com

P.O. Box 124, Rye, NY 10580

SailingFoundationofNY.org