



## 2026 Athlete Account Application

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

George M. Isdale, Jr.  
*Founder*

Thomas L. Stark  
*President*

*Board of Directors*

James J. Cummiskey  
Austin Fragomen  
John Hele  
George Hinman, Jr.  
Dorothy M. Mosko  
Arthur J. Santry III  
Thomas L. Stark

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 [Tom@SFNY.org](mailto:Tom@SFNY.org) :CC [info@SFNY.org](mailto:info@SFNY.org)