



**Paralyzed Veterans
of America**

Lone Star Chapter

Lone Star Chapter Sports Funding Request Form

Information (please print or type)

Name _____ Date _____

Address _____

Phone _____ Email _____

Event Information

Event _____

Location of Event _____

Amount Requesting \$ _____ Date of Event _____

Items Requesting

- | | | | | |
|----------------|---------|--------|--------------------------|---------------|
| 1) AIRFARE | YES () | NO () | Approved: YES () | NO () |
| 2) HOTEL | YES () | NO () | Approved: YES () | NO () |
| 3) FOOD | YES () | NO () | Approved: YES () | NO () |
| 4) CAREGIVER | YES () | NO () | Approved: YES () | NO () |
| 5) FUEL | YES () | NO () | Approved: YES () | NO () |
| 6) OTHER _____ | | | Approved: YES () | NO () |

Other Reason Requesting Funds (if not an event)

Name _____ Date _____

PVA Official _____ Date _____