



## **TO MEET DIRECTORS FOR ALL MEN'S PROGRAM SANCTIONED EVENTS**

In August of 1999, the Junior Olympic Program Committee (JOPC) mandated that a one dollar head tax, for each participant at any men's sanctioned event where a fee is charged, be collected and sent to the National Gymnastics Foundation in order to aide in the funding of the Men's Scholastic Scholarship Program.

These funds are required to be returned with the USA Gymnastics Sanction Report Form to the National Office within 72 hours of the conclusion of the sanctioned competition or event. Do not send these funds to your State or Regional Chairmen. Failure to cooperate in supporting the Scholarship Program will lead to complications securing Sanctions in the future and continuing as a Professional Member in good standing.

Please use the form below to insure that the National Gymnastics Foundation Scholarship head tax is properly credited to your sanctioned event.

Information concerning the details of the National Gymnastics Foundation Scholarship Program can be found on the Men's Page of the USA Gymnastics web site at [www.usa-gymnastics.org](http://www.usa-gymnastics.org).

Sanction #: \_\_\_\_\_ Name of Meet Director: \_\_\_\_\_

Name of Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Number of Participants:** \_\_\_\_\_ **X \$1.00 =** \_\_\_\_\_ **Total Payment**

**Check here if this was a State or Region supported clinic, educational opportunity, or Future Stars evaluation and proceeds went to the State or Region: No head tax is assessed, but form must be returned for auditing purposes.**

### **PAYMENT**

**Check** - Mail a check, payable to the **National Gymnastics Foundation**, to **132 E. Washington St., Suite 700, Indianapolis, IN 46204**. Please note on the check that it is for Men's Scholarships and include the sanction number.

**Credit Card** – Mail with credit card payment to address above or fax to 317 / 237-5069.

Please charge my credit card for the above marked charges:

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_