

Return to:
WYSA attn. Promotional Grant Application
10427 West Lincoln Avenue
Suite 1100
West Allis, WI 53227



WISCONSIN PROMOTIONAL GRANT APPLICATION

Club: _____ District: _____

Club Address: _____

Club City: _____ Club State: _____ Club Zip: _____

Primary Contact: _____ Role in Club: _____

Phone: _____ Email: _____

Description and Purpose of Promotional Material:

Target Audience:

Where Advertised:

Reimbursement Amount Requested:

Full Reimbursement (Amount \$ 300.00)

Partial Reimbursement (Amount \$ _____)

Proof of payment must be submitted with this application and supporting documentation should also be included. Supporting documentation could include, but is not limited to, art proof from marketing company or newspaper clipping.

I hereby certify the above information is true and understand that reimbursement will be issued to the club listed above.

Signature of Club President

Date

*This application must be received at the WYSA Office prior to September 20, 2024 to be considered for reimbursement

FOR OFFICE USE ONLY:

Reimbursement Amount: _____ Supporting Documentation: _____

WYSA Executive Director: _____ Date: _____