NHARA Racer/Coach Support Form

Name:		Date:	Phone:
	(Please Print)		
Address:			
USSA #	NHARA#	Club:	
Y/N (If competitor, have you	u participated in 4 NHARA races?)		
Describe below the p	ourpose for request:(Name/location	on of event, number of da	ays attended, starts -SL,GS,SG,DH.
Please provide below	an itemized list of expenses:	第 百	
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		Total:	S

All NHARA racers, participating in the following out of division series, will receive support from NHARA.

December Nor-Ams US Alpine Championships USST Training Camps Spring Nor-Ams

To be eligible for this support, the athlete must belong to NHARA and have started at least 4 NHARA races in the current season. Checks will be issued in May with amounts to be determined by the Committee after considering the funds available and the cost to the racers. Coaches requesting support from the Committee must be a current NHARA member.