



USA DISABLED HOCKEY



# SLED GRANT PROGRAM

Dear New Sled Hockey Program Grant Applicant,

USA Hockey and the USA Hockey Foundation is offering a new sled grant program to assist new start-up sled programs. The purpose of this grant is to help with the initial costs of getting a new sled program off the ground and to ease some of the initial financial burden by providing five (5) new sleds to a participating program (*This Sled Grant Program will be limited to eight (8) new programs this year*).

It is quite easy to qualify for this program. Applicants must submit a Sled Grant Application Form, the new sled program must be in its first year of operation and a financial statement and/or budget must accompany the application.

Applicants will be notified within twenty (20) days of receipt of their application as to whether or not their grant request has been granted. The sleds will be shipped directly from the manufacturer to the location indicated by the grantee on the Sled Grant Application Form.

New sled organizations who are provided a grant must pay for the shipping of the sleds prior to their delivery. The price of shipping will be determined at the time the grant is issued and you will be notified of the exact cost to ship the sleds to your location.

The Applicant must submit a Final Report at the conclusion of the 2010-11 season indicating the results of the new program (*number of players, costs, etc.*).

Please complete the attached application in its entirety, attach a copy of your organization's financial statement and/or budget and submit either by ground mail to USA Disabled Hockey Sled Grant Program, 225 Hatlen Street, Mt. Prospect, IL, 60056, or by fax to 847/640-7831 or by e-mail to [dubl95@aol.com](mailto:dubl95@aol.com).

We hope your new sled organization will take advantage of this exciting new program offered by USA Hockey and the USA Hockey Foundation and your team will continue to grow and prosper so we can bring as many new individuals into our great game as possible.

Sincerely,

JJ O'Connor  
Chairperson  
USA Disabled Hockey Section

*Note: These sleds are the property of USA Hockey. The sleds can be used indefinitely by the grantee sled program. However, if the granted program ceases operations then the granted sleds must be returned to USA Hockey.*



# SLED GRANT APPLICATION



*Note: You must first download this PDF to your desktop. Then fill it in and press save.  
Then send to your destination (This PDF will not save if you attempt to fill it in from your e-mail).*

Name of New Sled Hockey Organization: \_\_\_\_\_

Name of Person Submitting Application: \_\_\_\_\_

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

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

Home Phone: ( ) \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

How Many Years Has This Organization Been in Existence: \_\_\_\_\_

Home Practice Ice Rink: \_\_\_\_\_

Address of Practice Rink: \_\_\_\_\_

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

Rink Phone Number: ( ) \_\_\_\_\_

How Many Potential Sled Players Do You Think You will Have In Your Program This Year? \_\_\_\_\_

How Many Volunteers Do You Think You Will Have This Year? \_\_\_\_\_

How Many Sleds Does Your Program Currently Have? \_\_\_\_\_

If the Sleds Are Granted, Please List the Address You Would Like The Sleds Shipped To:

Name: \_\_\_\_\_

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

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

Phone Number: ( ) \_\_\_\_\_

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