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## Sport Information

In this section, you will provide information about the sport the child is playing.

Sport or activity grant will be used for \*

Please select **Boxing**

Hours of participation per week \*

**20hrs for week 1, 3 hours for weeks 2-4**

Please enter a number from 0 to 40.

Provide an estimate of how many hours your child will be participating in the sport each week. Only enter a numerical value; do not enter words or symbols.

Sport season start date \*

Month Day Year **6/13/22**

Provide an estimate of when the season is starting

Sport season end date \*

Month Day Year **7/13/22**

Provide an estimate of when the season is ending

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## Youth Sports Organization / School Information

In this section, you will provide the information about the youth sports organization or school that is hosting the sport.

What organization is hosting your sport? Ex: Park & Rec., High School / Middle School, YMCA, AYSO, etc. \*

ICOR Boxing Club/USA Boxing

## Youth Sports Organization (YSO) / School Website

Please provide the website for the organization you will be registering your child with.

<https://www.icorboxing.com/nonprofit.html#/>

## Contact at Organization \*

First

Emily

Last

Klinefelter

Please provide the contact at the organization that can confirm that the season is moving forward.

Please provide the email for the primary contact at the youth sports organization.

### YSO / School Contact Phone \*

Please provide a phone number for the youth sports organization or for the contact you listed at the youth sports organization.

319-244-8282

### Cost of Registration \*

\$250

Please enter a number greater than or equal to 1.

What is the total registration fee if you were to register your child for this program without the Every Kid Sports Pass?

### Grant Request (\$150 Max) \*

\$150

Please enter a number from 1 to 150.

Please enter a number less than or equal to 150. Do not input a number that exceeds the registration cost.

PREVIOUS

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