Western NY Federation of Square and Round Dancers Inc. Promotion / Advertising Reimbursement Application

Instructions:

Fill out the form below and send it to the Western NY Federation (WNYF) Treasurer** along with valid advertising receipts. Retain a copy of the form & receipts for your records.

**WNYF Treasurers: Rick & Donna LaDonna, <u>rladonna65@gmail.com</u> or 67 Grandview Dr., Fairport, NY14450

Note: Each WNYF member club is allowed one reimbursement application each calendar year up to \$60.

If the reimbursement application is approved, payment will be sent to the club treasurer. WNYF has a right to deny a reimbursement application. WNYF President will provide an explanation to the club if the reimbursement application is denied.

Date Requested:	
Requesting Individua	al:
WNYF Member Clu	b Name:
Club Treasurer Name	
Address	:
List and attach adver	tising receipts (if need more space, add a second page to this form):
1.	
2.	
3.	
	erting reimbursement funding requested

Western NY Federa	
Date Approved Check #	
Check Amount\$	- Date
Date Mailed	Mailed or delivered to:
Date Denied	
Reason:	
Date Club contacted by	
Circle method of contact Revised 05/10/2025	ct: e-mail mail phone in-person