

2014-2015 USTA Tennis On Campus

Alumni Event Grant Application



Ap	plicant	
Inf	ormation	l

Questions

Please fill out the following required in	iformation:	
*College/University		
*Contact Name		
*Position/Title		
*Business Mailing Address		
*City	*State/Province *Zip	
*Daytime Phone	*Email	
Email addresses will be used for official NIRSA busi	ness only, and will not be sold to outside parties.	
*Check Payable To		
*Tax ID or SSN#		
When do you plan to host your event?		
Who will lead the activity on your campus	? Please provide the activity leader's contact information	on.

NIRSA Headquarters 4185 SW Research Way Corvallis, OR 97333-1067

tel: 541-766-8211 fax: 541-766-8284

email: nirsa@nirsa.org www.nirsa.org *Required Field

Briefly Describe your desired alumni event:							
If successfu	l, will you look to h	ost an alumni ever	nt again in future	years?			

Thank you!

Once you have completed this form in full, please send as an emial attachment to nick.zumbrun@nirsa.org

