

**City of Milpitas**  
**Application for Individual Youth Sports Assistance Fund**

**\*7**

**PART I Individual Information**

Name Maxwell Bennett \_\_\_\_\_  
Address 700 Wessex Place, Milpitas, CA 95035 \_\_\_\_\_  
Telephone (day) 408-321-3413 (Mom) \_\_\_\_\_ (evening) (408)935-9837 \_\_\_\_\_  
Age 13 \_\_\_\_\_ School attends Thomas Russell Middle School \_\_\_\_\_  
Email gpbennett.family@comcast.net \_\_\_\_\_

**PART II Event/Program Information**

Amount you are requesting \$500.00 \_\_\_\_\_  
Sport you are participating in: Gymnastics \_\_\_\_\_  
Name of contest/event/competition: Men's Junior Olympics National Championships  
Date: May 6-10, 2009 \_\_\_\_\_  
Location: Duke Energy Center, in Cincinnati, Ohio \_\_\_\_\_

How long have you been participating in this event as an amateur athlete?: 7 years of competing, training for 9 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What additional sponsorship funds are you receiving for this event?: None \_\_\_\_\_  
\_\_\_\_\_

Indicate source of those funds: Personal \_\_\_\_\_  
\_\_\_\_\_

Summary of how/where City funds would be used: Registration fee, Lodging, Airfare \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who will be the other participants in this event? Level 9-10 gymnasts \_\_\_\_\_  
And where is their location? All over United States \_\_\_\_\_  
\_\_\_\_\_

How does this event fit into this sport's overall competitive picture county-wide or state-wide? This is the championship for the entire nation – NCAA programs may recruit. Some of these boys will be our future Olympic Teams. \_\_\_\_\_  
\_\_\_\_\_

Who is the sanctioning/governing body of this event/contest/competition? USA Gymnastics (USAG)\_\_\_\_\_

Address: 132 E. Washington St., Suite 700, Indianapolis, IN 46204\_\_\_\_\_

Event Director: Dennis McIntyre\_\_\_\_\_

Phone #: (800) 345-4719\_\_\_\_\_

Website address: www.usa-gymnastics.org\_\_\_\_\_

Revenue: (Sources of funds and breakdown, admissions, concessions, other grants, donations, user fees, etc.) Be specific.

	<u>Amount</u>
<u>Unable to determine</u>	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

Assurances

THE APPLICANT HEREBY PROPOSES to provide the event/program in accordance with the Youth Sports Assistance Fund Policy of the City of Milpitas as stated in this application. If this application is approved for funding assistance, it is agreed that relevant Federal, State, and Local regulations, and other assurances as required by the City of Milpitas will be adhered to. Furthermore, as applicant or parent/guardian of applicant, the applicant is fully capable of fulfilling its obligation under this proposal as stated herein.

This application and the information contained herein are true and correct and complete, to the best of my knowledge.

DATE 04-17-09

*Max Bennett*  
(Applicant)

Parent/Guardian: *Pam Bennett*  
(If under 18 yrs.)

Relationship to Applicant: Mother