

**WESTERN PA DIVISION
USA FENCING
SafeSport Reimbursement Form
2025-26 Season**

Reimbursee's name:

USA Fencing Membership #:

Club:

Mailing address:

Email address:

Phone #:

After reading the information and criteria found on westernpadivision.org, fill out the appropriate section of this form depending on your role in the Western PA Division. A member of the Executive Committee will be in contact if the submitted information is incomplete or if the individual is not qualified to receive this reimbursement.

Upon completion of this form, please submit it to westernpadivision@gmail.com

Reimbursement for Referees:

Names of 2+ tournaments:

Dates of 2+ tournaments:

Reimbursement for Tournament Support (bout committee, armorer):

Name(s) of 1+ tournament:

Date(s) of 1+ tournament:

Reimbursement for Club Volunteers (no more than four individuals per club per season):

Name(s) of 1+ tournament:

Date(s) of 1+ tournament:

Reimbursement for Executive/Ad Hoc Committee Members:

Title of office held:

Dates of term: