

Mini Meetup Grant

Application



AMCSUPPORT.ORG

Athrogryposis Multiplex Congenita Support, Inc.

Name _____

Current Address: Street _____

Apartment _____

City _____

State _____

ZIP _____

Phone/Cell Number _____

Email Address _____

I am a (check one) Parent Sibling Grandparent Adult with AMC

Are you a member of AMCSI? Yes No

ABOUT THE EVENT

Location _____

Date of event _____

How many AMCSI families do you expect to attend? _____

How many non-AMCSI families do you expect to attend? _____

Has there been a regional event before? (check one) Yes No

If yes, how many attended? Adults _____ Children _____

EXPENSES

Is there a facility rental fee? (check one) Yes No Cost? _____

Cost of food? _____ Other Costs? (Please list) _____

REVENUE

Will you collect donations from attendees to help cover costs? Yes No (If yes, please list) _____

By signing below, I understand the funding guidelines and agree to them. By accepting an event donation from Arthrogyposis Multiplex Congenita Support, Inc (AMCSI), I understand that AMCSI is not sponsoring this event. I hereby release and forever discharge AMCSI, and its Board of Directors from any and all liability in regards to this event. I further agree that if, despite this Release and Waiver of Liability, I or any person in attendance makes a claim against AMCSI, and its Board of Directors, I will indemnify, save and hold harmless Arthrogyposis Multiplex Congenita Support, Inc., and its Board of Directors from any monetary losses including, but not limited to, legal fees and litigation costs. This release is binding on my heirs, executors, assigns, and administrators.

If you choose to submit this electronically via email typing your name constitutes a signature and agreement to the above terms.

Signature _____ Date _____

Funding will be made available based upon approval by the Board of Directors of Arthrogyposis Multiplex Congenita Support, Inc. (AMCSI) and the availability of funds. The person(s) applying for this grant must be a paid members of AMCSI. AMCSI will reimburse the applicant by check, within 60 days after the submission of the original receipts. This grant may be used for food, non-alcoholic beverages, and facility rentals. The MAXIMUM grant total is \$100.00. The grant application must be submitted at least **90 days** prior to the meet-up by either mailing AMCSI at P.O. Box 6291, Spartanburg, SC 29304, or emailing to bod@amcsupport.org or amcsi.scholarship@gmail.com.