



**INDEPENDENT POOL & SPA SERVICE
ASSOCIATION, INC.**

PO BOX 254645
SACRAMENTO, CA
95865
888-360-9505
888-368-0432 (FAX)
info@ipssa.com

IPSSA: Knowledge through Community, Education & Support

IPSSA SWIM FUND

Application

Chapter Name: _____

Swim Lesson Facility Name: _____

Facility Address: _____

Number of Persons to be Funded: _____

Submitter's Name: _____

Date: _____

Submitter's Email: _____

Phone: _____

Make Check Payable to: _____

Mail the Check to:
(choose one)

The Chapter

The Facility

The IPSSA Swim Fund is available on a first come first served basis while funds exist. A chapter may submit an application once per calendar year. The fund will match the chapter's check amount up to \$500.00.

Please enclose a copy of the chapter's check and a copy of the swim lesson facility's invoice with the application.