



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

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## **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:** \_\_\_\_\_

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.

Please email to: [accounting@ipssa.com](mailto:accounting@ipssa.com) or Fax to 888-368-0432