

Zingers for Zach Support Application



Zingers for Zach is a non-profit organization that is in memory of Zachary Scott Miller. This organization is for children to the age of 18 in need of financial support to play in a sports related activity. Zachary loved sports and anything that had to do with the outdoors. You can apply for things as small cleats, bats, balls, uniforms, helmets, mouthguards, and pads up to helping to pay for a camp or a registration fee.

Full Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Full Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Teacher/ Counselor/Coach/Sponsor that referred you to Zingers for Zach: \_\_\_\_\_

Sport related items/ fees you are requesting: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tell us about yourself – attach a page if necessary

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mail completed form to Zingers for Zach  
1863 Gettysburg Village Dr. St. 995 PMB #309 Gettysburg PA 17325

Please allow time for this to process at our monthly board meeting

Letter of Commitment / Acceptance of Gift

Dear \_\_\_\_\_,

I am writing this letter on behalf of Zingers for Zach to inform you that our organization would be honored to gift you; \_\_\_\_\_ .

We ask that you full-fill the requirements and obligations that the organization you enroll in expects of you. Please be sure you can uphold their requirements before accepting this gift. Zachary was a huge believer in finishing what you start and NEVER giving up! It is a great honor that you are receiving this gift, and we ask you honor and respect Zachary's name and charity in honor of him.

We also ask if you (applicant or family) volunteer at least 5 hours to the organization you will be enrolled with. These organizations thrive on volunteers and it is an easy way to give back.

Release of Liability: There is a risk of being injured that is inherent in all sports activities. Some of these injuries include, but are not limited to, the risk of fractures, paralysis, or even death. I expressly assume the risk of injury, death, and/or illness arising from any cause, and agree to waive the right to pursue any claim against the Zingers for Zach Organization and the persons in charge.

Most Sincerely,

Zingers For Zach Board of Directors

Applicant Printed Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor Name/ Phone Number: \_\_\_\_\_

Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_