



2024 Teacher Stipend Request Form / Class and Student List Verification

(Stipends will not be processed without authorized signature)

Course Taught: Bidding ____ Play of the Hand ____ Defense ____ Other (please specify) ____

Name of Bridge Instructor ____ ACBL Player # ____

Class Dates ____ / ____ / ____ - ____ / ____ / ____ Total Class Hours ____ Total Number of Students ____
Begin Date End Date

Name of Teaching Facility (school, center, etc.) ____

Facility Address ____ City ____ State ____ Zip ____ Contact Number ____

Authorized Faculty Member ____ **Authorized Signature** ____
Print Name Position

Bridge Instructor Signature ____ Today's Date ____

Stipend requests should be signed by the authorized faculty member and sent after the completion of the class. Requests will not be processed prior to the end of class date. Student contact info should be submitted via online spreadsheet. Please email Education@acbl.org for link if you don't already have one.

Alternatively and preferably, students can sign up for free as guest members at www.acbl.org/guest-join.

| No. | Student Name | Address | Email | ACBL Member Number |
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| No. | Student Name | Address | Email | ACBL Member Number |
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