



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 ____ Bridge is for Kids ____ ACBL I2B 1 ____ ACBL I2B 2 ____

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.

No.	Student Name	Age	Email
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2			
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No.	Student Name	Age	Email
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