

Name of Applicant _____

Father _____

Mother _____

Address _____, State _____, Zip _____

Home Phone _____ Cell Phone _____

Email _____

Description for Financial Aid Request: (Please describe reasoning for financial aid, income or otherwise, applicator should be descriptive in their request)

All financial aid requests are confidential. Black Hills Lacrosse Association is committed to providing the experience of lacrosse to all who want to play. The purpose of the financial aid is to provide free registration to a players of low income families or families with other hardships. All financial aid requests are confidential. See also Black Hills Lacrosse Association Financial Assistance Policy and Procedure.

If an applicator is approved for financial aid they will be given a coupon to enter for registration payment through www.blackhillslacrosse.com. Or applicant can enclose coupon emailed to them with paper registration form.

Mail Application to: Black Hills Lacrosse Asso.
PO Box 3292
Rapid City, SD 57709
or scan and email to registration@blackhillslacrosse.com