



Financial Assistance Request 2015

Player Name: _____

Player Division (circle one): 2-3rd Grade 4th-6th Grade 7th-8th Grade

Completion of this form is no guarantee of financial assistance. You will be notified by a board member if request is approved.

___ I am requesting payment plan
 ___ \$10 per week until paid in full
 ___ \$20 per week until paid in full
 ___ Other _____

___ I am requesting partial financial assistance for \$ _____

___ I am requesting full financial assistance

If requesting partial or full financial assistance, please provide a reason for request below:

Signature of Parent/Guardian _____ Date: _____

***** Important *****

Players who have not obtained financial assistance will not be assigned a uniform until account is paid in full and those who have financial assistance must have paid at least \$40 before uniform is assigned.

Internal Use Only

Team: _____

Approved Assistance Amount: _____

Payment information (if making payments) record receipt number and payment amount below: