



Watertown-Oakville Little League Financial Aid Application

**Prior to submitting this form, please register all participants.
Balance due, if any, will be determined after review of this application.**

Parent/Guardian's Full Name _____

Number of Participants in Water-Oak Little League Programs _____

Full Name, age, and date of birth of all registered participants

Contact Email _____

Contact Phone Number _____

Reason for Financial Aid Request _____

Amount, if any, you would be able to contribute towards registration fees _____

Are you willing to volunteer your time to offset the cost of registration? Yes No

Please return this form to the President of Water-Oak Little League with documentation of Financial Aid need (i.e. documentation of Medicaid, free or reduced lunch program, unemployment benefits, SNAP, WIC, etc...).

You may scan and email documents to WOLLPRES@gmail.com, or mail to:

WOLL
attn: Mike Creter
72 Parkman St
Oakville, CT 06779

Your application will be reviewed by a three person panel of the Water-Oak Little League Executive Board. **Your information and payment arrangements will be kept strictly confidential.** Any questions may be directed to Michael Creter, President of Water-Oak Little League: WOLLPRES@gmail.com