

Financial Hardship Application

Northern Kentucky Youth Hockey Association

NKYHA expects to collect its fees in a timely and consistent manner. Sometimes our families encounter financial situations that temporarily prevent them from complying with our payment procedures. The purpose of this form is to provide you with a vehicle to apply for an exception to our payment procedures. Your completed form will be reviewed in an extremely confidential manner and a decision will be communicated to you within 2 weeks of your submission. Please note that additional information may be requested of you in order to properly evaluate your application.

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Player Name:						
Parent's Name(s):						
Telephone Number(s):						
Age Division:	□Tyke	□Mite	Squirt	Peewee	□Bantam	
	☐Midget U16	□Midget U16 □Midget U18				
Level of Play:	□House	□в	ПА	□ AA		
Reason for requesting financial hardship status:						
Your proposed alternative to NKYHA's fee payment procedures:						
Tour proposed anomalive to Mixing to les paymont procedures.						
Parent's						
Signature(s) and Date:						
Send this applica	ation to; NKYI	HA, Attn:	Financial H	ardship Cor	nmittee	
P. O. Box 17384, Ft. Mitchell, KY 41017						