



Evanston Youth Hockey Association, Inc  
2906 Central St, #149  
Evanston, IL 60201

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## CONFIDENTIAL DUES ADJUSTMENT APPLICATION

Season Year: \_\_\_\_\_, ending May 31, 20\_\_\_\_\_

**Participation in Evanston Youth Hockey Association (EYHA) is open to all regardless of means.**  
The membership commitment level is based on the number of youth players in a household, regardless of one's use of the various programs the EYHA organization offers. The purpose of an adjustment for the membership commitment is to enable youth hockey players to join or retain membership, when circumstances do not permit paying the standard rate. The EYHA Finance Committee will evaluate and make adjustments based on the following:

1. Each request must reflect financial need or special circumstances.
  2. Each request, when granted, is subject to re-evaluation each year.
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Name \_\_\_\_\_

Spouse's/Partner's name \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

I understand that all of the information contained below may be reviewed in a confidential manner by the Finance Committee of the EYHA Board.

Signature \_\_\_\_\_  
Applicant Spouse/Partner Date

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**We are unable to consider your application without the answers to all of the following questions:**

Years at your main residence \_\_\_\_\_ Do you own a secondary residence? \_\_\_\_\_

Number of Children \_\_\_\_\_ Please list ages of unmarried dependent children \_\_\_\_\_

Adult #1 Occupation and Title \_\_\_\_\_

Adult #2 Occupation and Title \_\_\_\_\_

Total family adjusted gross income for tax year 20\_\_ from all sources (child support if applicable) \$ \_\_\_\_\_

Please indicate what you predict your gross income to be for calendar Year 20\_\_\_\_\_ \$ \_\_\_\_\_

Monthly rental / mortgage payment (including assessment if applicable) \$ \_\_\_\_\_



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Other financial obligations of a significant nature (please specify & indicate amounts) \_\_\_\_ -

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Do you expect your income for the coming year to be appreciably different? Please explain

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Please explain why it is not possible for you to pay dues in the standard amount applicable to your family status: (If more space is needed, feel free to use the back of this sheet).

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What amount do you suggest as a recommended guideline for the season: \$ \_\_\_\_\_

Your Payment Plan (Please note: All balances are due in full 30 days prior to end of regular season)

I/We prefer to pay:      Three Months      Four Months      Six Months

Please scan or photograph this form and return this application to: Treasurer, Tom McDonnell  
treasurer@evanstonhockey.com

(Please mark it "Confidential")