



ORONO YOUTH HOCKEY ASSOCIATION

2019-2020 FINANCIAL ASSISTANCE APPLICATION

Name of Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name(s), Date of Birth and 2018-2019 playing level (Squirt, Peewee, etc.) of child/children for whom assistance is being requested:

Name \_\_\_\_\_ DOB: \_\_\_\_\_ 2019-2020 Level: \_\_\_\_\_

Name \_\_\_\_\_ DOB: \_\_\_\_\_ 2019-2020 Level: \_\_\_\_\_

Name \_\_\_\_\_ DOB: \_\_\_\_\_ 2019-2020 Level: \_\_\_\_\_

What School District do you reside in based upon Minnesota State School Board Boundaries? \_\_\_\_\_

What school does your child(ren) attend? \_\_\_\_\_

As a condition of receiving financial assistance, it would be the expectation of the Association that you would be able to volunteer a total of 15 hours of time at certain events throughout the season (helping at tournaments sponsored by OYHA during the Hockey Year, for example). Do you foresee any problems with being able to fulfill this requirement?

\_\_\_\_\_  
\_\_\_\_\_

Reason/Background for Financial Assistance Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent (s)/Guardian Occupation, Employer and Status (FT/PT):

\_\_\_\_\_  
\_\_\_\_\_



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Parent Marital Status: \_\_\_\_\_

List 3 References (Name, Phone, Email Address and Relationship):

- 1.
- 2.
- 3.

**Level Total Fees**

## 2019-2020 LEVELS OF PLAY AND FEES

LEVEL	BIRTHDATE RANGE	TOTAL ICE FEE
Mites/U8/U6 New Player*	age varies	\$132.00
Mites Boys 5-7	7/1/2012 - 6/30/2015	\$362.00
Sr. Mites Boys (8-9 yr old)	7/1/2010 - 6/30/2012	\$592.00
Squirt	7/1/2008 - 6/30/2010	\$1,326.00
PeeWee	7/1/2006 - 6/30/2008	\$1,530.00
Bantam	7/1/2004 - 6/30/2006	\$1,938.00
Jr. Gold	7/1/2000-6/30/2004	\$1,938.00
Girls 6U	7/1/2012 - 6/30/2015	\$362.00
Girls 8U	7/1/2010 - 6/30/2012	\$592.00
Girls 10U	7/1/2008 - 6/30/2010	\$1,326.00
Girls 12U	7/1/2006 - 6/30/2008	\$1,530.00
Girls 15U	7/1/2003 - 6/30/2006	\$1,836.00

Above are the fees for the coming year (note that there also will be a slush fund fee and/or \$100.00 non-parent coach fee for certain teams – those costs would still be your requirement). Would you be able to pay a portion of the cost for your child to play hockey this season noted above – and if so – how much?

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Please email the completed Financial Assistance Application to [aid@oronohockey.org](mailto:aid@oronohockey.org). Your request will be reviewed by the Orono Youth Hockey Association Executive Board. You will be contacted shortly after with a decision from this Board.

I certify that the above information is true and correct. \_\_\_\_\_

(Signature of parent or legal guardian)

Date \_\_\_\_\_

\*All information will be kept confidential