Oregon Hockey Inc.
Financial Assistance Request

Parent/Guardian Information (please print)

	Mother	Father
First/Last Names:		
Address:		
Home Phone #:	( )	( )
Cell Phone #:	( )	( )
Email Address:		

Skater Information (please print)

Name of skater:	Last	First		M.I	**Birth date of skater:**	Month	Day	Year
Playing Level: (circle one)	Learn to Play	Cross Ice	U8	Squirt	Pee Wee	Bantam	Teen	
Name of skater:	Last	First		M.I	**Birth date of skater:**	Month	Day	Year
Playing Level: (circle one)	Learn to Play	Cross Ice	U8	Squirt	Pee Wee	Bantam	Teen	

List any additional skaters on back

Request

Please indicate why you are requesting financial assistance.

Please indicate any additional work you are willing to provide in return for assistance (e.g. additional volunteer hours)

Use back of form if more room needed

Amount Requested: _____

Amount Provided: _____

Amount Due: _____

Parent/Guardian _____ Oregon Hockey Representative _____ Date _____