

DODGE COUNTY HOCKEY ASSOCIATION FINANCIAL ASSISTANCE

APPLICATION MUST BE SUBMITTED BY FIRST DAY OF PRACTICE

(Use separate application for each child in family)

PLAYER NAME _____ **LEVEL** _____

PLAYER STREET ADDRESS _____

PLAYER CITY _____ **STATE** _____ **ZIP** _____

PARENT/GUARDIAN INFORMATION:

Mother's Name & Address _____

Home Phone _____ Cell Phone _____

Work Phone _____ E-Mail Address _____

Father's Name & Address _____

Home Phone _____ Cell Phone* _____

Work Phone _____ E-Mail Address _____

HAVE YOU RECEIVED FINANCIAL ASSISTANCE FROM DCYH IN

PREVIOUS YEARS? _____ **IF SO, WHEN?** _____

TYPE OF FINANCIAL ASSISTANCE REQUESTED:

_____ Payment Plan

_____ Partial Assistance _____ Full Assistance

DO YOU QUALIFY FOR AFDC, SCHOOL LUNCH OR FOOD STAMPS? _____

IF YES, WHICH? _____

EXPLAIN WHY ASSISTANCE IS NEEDED: (Use back of form, if necessary.)

Parent/Guardian #1 Signature & Date

Parent/Guardian #2 Signature & Date