NMCYSA

Financial Assistance Application

Parent or Guardian First Name _____ Last Name _____

Players Name _____ Age _____ Age Group _____

Address _____ City _____

Home Phone _____ Work or Cell Phone _____

Reason for financial assistance request:

I acknowledge that the information contained on this application is accurate and correct.
I hereby give permission to NMCYSA to verify this information. I understand that if any information on this application is found to be incorrect, my privilege of applying for financial assistance may be revoked, I understand that some hours of volunteer time will be required in exchange for the waived $70 fee. Total Hours expected to work will be between 2-5 hours during the 2008 Softball Season. Hours can be worked by anyone over the age of 16. Parents, Grandparents, aunts, uncles, older siblings will all be permitted to work the required hours.

Signature of Applicant _____ Date _____

Office use only: Approved: _____ Denied: _____

President Approval: _____ Date: _____