



**Waconia Hockey Association  
Financial Assistance Application**

***Deadline for Submission Is Sept. 2, 2011***

Player's Name \_\_\_\_\_

Level \_\_\_\_\_

Home Address \_\_\_\_\_

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

**PARENT/GUARDIAN INFORMATION:**

Mother's Name \_\_\_\_\_

Home Address \_\_\_\_\_

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

Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Address \_\_\_\_\_

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

Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Have you received financial assistance from the WHA in previous years?** Circle one: NO YES If yes, when? \_\_\_\_\_

**Type of financial assistance requested:**

\_\_\_ Payment Plan \_\_\_ Partial Assistance \_\_\_ Full Assistance

**Explain why assistance is needed (use back of form if necessary):**

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