

ORONO YOUTH HOCKEY ASSOCIATION

FINANCIAL ASSISTANCE APPLICATION

Name of Parent or Guardian: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Name(s) and Date of Birth of child/children for whom assistance is being requested:

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

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

What school does your child(ren) attend? _____

Will you be willing and able to volunteer your time helping our Orono Youth Hockey program during this current season? It would be the expectation of the Association that you would be able to volunteer at certain instances (helping at tournaments sponsored by OYHA during the Hockey Year for example). If No – please provide reasoning why? _____

Reason/Background for Financial Assistance Request:

<u>Level</u>	2011-12 Ice Fees	Registration Fee	2012 Total Fee
ADM - new player	\$ 149	\$40	\$189
ADM 5, 6, 7 yr old	\$ 355	\$40	\$395
ADM 8, 9 yr old	\$ 580	\$40	\$620
Squirt	\$ 975	\$20	\$995
PeeWee	\$ 1,205	\$20	\$1,225
Bantam	\$ 1,615	\$20	\$1,635
10U	\$ 975	\$20	\$995
12U	\$ 1,205	\$20	\$1,225
14U	\$ 1,255	\$20	\$1,275

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

Please email the completed Financial Assistance Application to:

cswanson@deloitte.com

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