

HASTINGS YOUTH ATHLETIC ASSOCIATION

Application for Assistance & Payment Schedule



The HYAA Board adopted a policy December 1996 to provide financial assistance or a payment schedule for Registration Fees. Please complete the following form (please print).

Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Home Phone _____ Work or Cell Phone _____
 Email Address _____

I am requesting assistance for the following. Waived fees are limited to 1 sport per child per year.
 ___ In-House Softball ___ In-House Baseball ___ Traveling Softball ___ Taveling Baseball

Player Name	Grade	Age	Sport	Registration Fee	Tryout Fee	Total

Please indicate the level of assistance for your registration fee. Your request for full or partial assistance will be reviewed by HYAA Executive Board. Upon approval we will contact you within two weeks.

- Full Assistance – of \$ _____ registration fee.
- Partial Assistance – I will pay \$ _____ towards the registration fee and
 HYAA will waive \$ _____ of the registration fee.
- Payment Schedule – see below

In lieu of partial or full assistance, HYAA expects a youth 14 years of age or older to work for the fee or the parent to volunteer additional time. Additional help is needed in the following areas:

- ___ Help with medical kits ___ Umpire Baseball or Softball ___ Help haul equipment
 ___ Help with field maintenance ___ Make phone calls
 ___ Other skills you can offer: _____

PAYMENT SCHEDULE - I will pay the following amount per this schedule.

\$ _____	Registraton Fee Paid	\$ _____	Tryout fee Paid	Balance \$ _____
\$ _____	March 1	Balance \$ _____		
\$ _____	April 1	Balance \$ _____		
\$ _____	May 1	Balance \$ _____		
\$ _____	June 1	Balance \$ _____		

Send Payments to:
 Cindy Lyon
 3485 Red Wing Blvd
 Hastings, MN 55033

Balance paid in full on _____

Signature _____ Date _____