



In-Town Registration Fee Waiver/Reduction Guidelines

Name of Player: _____ Phone #: _____

Home Address: _____

	Mother/Guardian 1	Father/Guardian 2
Name:	_____	_____
Place of Employment:	_____	_____
Business Address:	_____	_____
Business Phone #:	_____	_____
Current Monthly Income:	\$ _____	\$ _____

Reason(s) _____
For _____
Application: _____

Reference Name (list 3)	Reference Phone #	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

*I have read and accept the attached Fee Waiver/Reduction Guidelines. I certify that all of the above information is true and correct and all income has been accurately reported.

Applicant's Signature * _____ Date _____

Co-Applicant's Signature * _____ Date _____