

Big Lake Baseball Application for Fee Waiver

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| Name: |
| Address: |
| City/State/Zip: |
| Day Telephone: |
| Evening Telephone: |
| E-Mail Address: |

| <u>Level Of Play</u> | |
|----------------------|--------------------------|
| Grades Pre-K-2 | <input type="checkbox"/> |
| Grades 3-4 | <input type="checkbox"/> |
| Grades 5-6 | <input type="checkbox"/> |
| Grades 7-8 | <input type="checkbox"/> |
| Grades 9-10 | <input type="checkbox"/> |

Fee Waiver Information

1. Please describe your situation in applying for this Fee Waiver. Include as much detail as you feel necessary. Use the back side if you need more room.

Waivers will be awarded based on demonstrating the need and funds available. If awarded, you must work an additional 5 hours during tournaments (per kid). You will need to pay the entire fees up front (with a check) and we'll hold that check until your 5 hours are worked.

Each family will still need to do their regular 5 hours of volunteering.

I acknowledge all of the above information to be correct, and I understand the additional obligations as mentioned above if the Fee Waiver Application is approved.

| <u>Administration Only</u> | |
|----------------------------|--------------------------|
| Approved | <input type="checkbox"/> |
| Declined | <input type="checkbox"/> |
| Amount: _____ | |
| Signature: _____ | |

Signature

Date