



**Adirondack Youth Hockey Association
P.O. Box 940
Glens Falls, NY 12804**

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ e-mail Address: _____

Season: _____

Number of Children enrolled in AYHA: _____

Name of Child: _____ Level: _____ Rate: _____

Name of Child: _____ Level: _____ Rate: _____

Name of Child: _____ Level: _____ Rate: _____

Name of Child: _____ Level: _____ Rate: _____

Name of Child: _____ Level: _____ Rate: _____

Amount of Financial Assistance Requested: _____

Will you need a payment plan to pay the balance: _____

Please explain the financial circumstances surrounding your need for financial assistance. For example, single mom with 2 children, etc. Please provide enough information for committee to reasonable make a decision. Use the back of form, if necessary.

I/We certify that the information provided above is true and accurate and that my/our child/children would be unable to participate in the Adirondack Youth Hockey Association house league without financial support. I/We further understand that I/We are required to work 12 volunteer hours for each child named in this application. These hours must be worked during the current season.

Signature: _____ Date: _____

Signature: _____ Date: _____

For AYHA Use Only

Approved By /Date	Approved By/Date	Amount of Award	Volunteer Hours Required