



### Sliding Fee Application

(Due to the nature of non-profit service, sliding fee awards can not be guaranteed)

DATE: \_\_\_\_\_

- Summer Clinic
- Winter Clinic
- Novice Tournament
- Ranking Tournament
- Club Cup

Children Attending:

1. \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_
2. \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_
3. \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_
4. \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Child lives with: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
\_\_\_\_\_

City

Zip

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Other # \_\_\_\_\_

**Please attach proof that the above mentioned child is on a school lunch program.**

**FOR OFFICE USE ONLY**

Date received \_\_\_\_\_

Reviewed by \_\_\_\_\_

Accepted \_\_\_\_\_ Denied \_\_\_\_\_

Spoke with \_\_\_\_\_ Date \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

