Napa Valley Girls' Fastpitch Association 1370 Trancas Street #258 Napa, CA 94558



FINANCIAL ASSISTANCE APPLICATION

Due to financial hardship, I am unable to pay the required registration fees for the current season. I am hereby requesting approval of the following financial arrangements to enable my player to participate in softball this season.

Briefly describe your financial situation: _____

I am requesting the following financial assistance:

□ Extension of time to make full payment.

I request an extension to pay my full registration fees in full by (date):______

□ Full or partial payment in trade for volunteer hours

_____ I am able to pay \$______toward the cost of registration and will work the balance of the fees off in volunteer jobs assigned by the Board. I understand volunteer hours will be credited at \$10/hour.

Partial Assistance of \$_____

I am able to pay \$______ toward the cost of registration. I am unable to perform any type of volunteer work due to physical disability. (*Proof of disability required.*) I am requesting the league pay the balance of my registration fees for this year.

□ Full Assistance

I am unable to pay any amount toward my player's registration costs. I am unable to perform any type of volunteer work due to physical disability. (*Proof of disability required*). I am requesting the league pay 100% of my player's registration fees for this year.

I understand that any assistance granted will only cover fees for the current season. The player must meet all residence and proof of age requirements to play in this league. A complete registration form must be submitted for the player by the last day of registration. I am liable for any balance due under this agreement. I must arrange for volunteer hours with the Snack Shack Coordinator or Board member. If I fail to work the required volunteer hours this agreement will be nullified and I will owe the full value of the registration fees.

Player Name:	Parent Name:	
Player or Parent Signature:	Date:	
Board Use Only		
Full Registration Fees: \$	Registration Form Received:	Requested Assistance: \$
Approved by:	Approval Date:	Volunteer Hours Scheduled: