

Madison Little League

Financial Assistance Application

**** CONFIDENTIAL ****

It is the policy of the Madison Little League to accept all eligible children regardless of ability to pay. The fee waiver is reserved for families for which the registration fee is a financial burden. We request any family receiving financial assistance to have at least one member sign up to volunteer in some capacity.

Parent/Guardian Name: _____

Address: _____

City/State/Zip: _____

Telephone (home): _____ (mobile): _____

E-mail address: _____

List name(s) of individuals who will be participating in the program:

Name (first and last)	Age	School / Grade	Birthdate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does your family qualify for free or reduced meals at school?

_____ Yes.

_____ No. If you checked 'No', please provide a brief explanation as to why you are requesting a fee waiver (illness, unemployment etc.)

I can volunteer in the following ways: (If nobody from the family can volunteer, please provide an explanation on the back of this form)

1st choice _____ 2nd choice _____

Parent/Guardian Signature _____ Date _____

Submit this form at registration or mail to:

Madison Little League

5709 N. 18th Pl

Phoenix, AZ 85016