

WYBSA FEE WAIVER REQUEST FORM - 2010 SEASON

Our league has experienced a high increase in fee waiver requests. At the same time our overhead costs have risen with player participation declining due to other spring options like lacrosse, soccer, and aau/club ball.

Our goal is to help players in need so that no child who wants to play is left out for personal financial reasons - be it the loss of a job, family illness, or other personal matter.

Please consider your situation and submit your application with any payment due as soon as possible to the address below. All applications are confidential between the league treasurer and applicant. Volunteer work (field clean up and break down day) will be sent via blind email and if you can not make these dates other volunteer options are available.

All applicants should include the minimum \$30 per player town assessed field user fee unless option 4 is chosen.

Please select one of the following options, view your balance at the registration site previously used:

- 1. I have reconsidered my request and am able to pay full registration of \$_____, enclosed is a check payable to WYBSA.
- 2. I would like to request a registration fee reduction. At this time, I am able to pay \$_____, enclosed is a check payable to WYBSA. In addition I agree to volunteer for field clean up and break down day. Should my financial situation change that I am able to pay the balance of the registration fee, I will do so.
- 3. I would like to pay the league registration in full at a later date. I expect to be able to make the payment by the following date _____ and will send a check payable to WYBSA at that time, enclosed is a check for \$30 per player made out to WYBSA:
- 4. I am not able to pay league dues for my child(ren), and also request the league pay the \$30 per player town user fee for my child(ren)
 - Should my financial situation change that I am able to pay the balance of the user fee and registration fee, I will do so.
 - In exchange for the registration fee reduction, I agree to work field clean up day and break down day.

By my signature below, I agree to abide by the conditions of this agreement, and acknowledge that failure to do so will result in the automatic denial of any future waiver requests.

Name(s) of child(ren): _____

Parent Name (print): _____

Signature: _____ Date: _____

Mail To: ATTN Scott Magane – Treasurer, PO BOX 462, Wrentham, MA 02093
All applications are strictly confidential