



ORONO YOUTH HOCKEY ASSOCIATION

FINANCIAL ASSISTANCE APPLICATION

Name of Parent or Guardian: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name(s), Date of Birth and playing level (Squirt, Peewee, etc.) of child/children for whom assistance is being requested:

Name \_\_\_\_\_ DOB: \_\_\_\_\_ Level: \_\_\_\_\_

Name \_\_\_\_\_ DOB: \_\_\_\_\_ Level: \_\_\_\_\_

Name \_\_\_\_\_ DOB: \_\_\_\_\_ Level: \_\_\_\_\_

What School District do you reside in based upon Minnesota State School Board Boundaries? \_\_\_\_\_

What school does your child(ren) attend? \_\_\_\_\_

As a condition of receiving financial assistance, it would be the expectation of the Association that you would be able to volunteer a total of 15 hours of time at certain events throughout the season (helping at tournaments sponsored by OYHA during the Hockey Year, for example). Do you foresee any problems with being able to fulfill this requirement?

\_\_\_\_\_  
\_\_\_\_\_

Reason/Background for Financial Assistance Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent (s)/Guardian Occupation, Employer and Status (FT/PT):

\_\_\_\_\_  
\_\_\_\_\_

Parent Marital Status: \_\_\_\_\_

List 3 References (Name, Phone, Email Address and Relationship):

1.

2.

3

## 2023-2024 LEVELS OF PLAY AND FEES

| LEVEL                        | BIRTHDATE RANGE   | TOTAL FEES |
|------------------------------|---|------------|
| Mite/U6/U8/New Player*       | age varies  | \$150      |
| Mite 1 (Warriors & Spartans) | Preschool (All) + Kindergarten (Beginner)   | \$220      |
| Mite 2 (Warriors & Spartans) | Kindergarten (Intermediate - Advanced) + 1st Grade (Intermediate - Advanced) + 2nd Grade (Beginner) | \$450      |
| Mite 3 (Warriors & Spartans) | 2nd Grade (Intermediate) + 3rd Grade (Beginner)   | \$675      |
| Mite 4 (Warriors & Spartans) | 2nd Grade (Advanced) + 3rd Grade (Intermediate - Advanced)  | \$900      |
| Squirt                       | 6/1/2012 - 5/31/2014  | \$1,760    |
| PeeWee                       | 6/1/2010 - 5/31/2012  | \$2,030    |
| Bantam                       | 6/1/2008 - 5/31/2010  | \$2,280    |
| Jr. Gold                     | 6/1/2004 - 5/31/2008  | \$1,655    |
| Girls 10U                    | 6/1/2012 - 5/31/2014  | \$1,660    |
| Girls 12U                    | 6/1/2010 - 5/31/2012  | \$2,000    |
| Girls 15U                    | 6/1/2007 - 5/31/2010  | \$2,200    |

Above are the fees for the coming year (note that there also will be a slush fund fee and/or additional fees – those costs would still be your requirement). Would you be able to pay a portion of the cost for your child to play hockey this season noted above – and if so – how much?

Please email the completed Financial Assistance Application to **treasurer@oronohockey.org**. Your request will be reviewed by the Orono Youth Hockey Association Executive Board. You will be contacted shortly after with a decision from this Board.

I certify that the above information is true and correct.

(Signature of parent or legal guardian)

Date

\*All information will be kept confidential