



Request for Fee Reduction

(Please complete one form for each child)

Player Name: _____

Parent Name(s): _____

Address: _____

Phone: (H) _____ (W) _____ (C) _____

E-mail: _____

My child would be unable to participate in traveling Fastpitch without a reduction in fees. I am requesting a reduction of \$ _____. I have the means to pay \$ _____ towards my child's registration fees. I understand that FLAFA may ask me to work five (5) additional volunteer hours for every \$50 sponsored in scholarship funds. I understand that it is my responsibility to make sure all my volunteer hours are completed by July 31st and if not, I agree to pay additional funds to FLAFA. The number of additional hours I need to work are _____ hrs.

Signed: _____ Date: _____

Approved: _____ Date: _____

Send completed form to:

Forest Lake Area Fastpitch Association

Attn: FLAFA Treasurer

P.O. Box 575 Forest Lake, MN 55025

Or via email:

Treasurer@FLAFA.org