

Canton Akron Hockey Association

Player Assistance Fund Application

Player Information

- **Player Name:**
- **Birth Year / Team Level**
- **Parent/Guardian Name**
- **Phone Number**
- **Email Address**

Financial Assistance Request

1. **Total number of players registered in CAHA from your household?**
2. **Amount or type of assistance requested (ie-reduced payments, payments spread out over more time, alternative payment methods)**
3. **Are you able to contribute a portion of registration fees?**

Brief Explanation of Need

**Please provide a short explanation of your current financial circumstances and why assistance is being requested.
(Examples: temporary hardship, job loss, medical expenses, multiple players, etc.)**

Volunteer Commitment

Families receiving assistance may be asked to assist with association volunteer needs.

Are you willing to volunteer at CAHA events if assistance is granted?

- **Yes**
- **No**

Agreement

I confirm the information provided is accurate and understand that assistance is limited and not guaranteed.

Signature

Date