

**WADENA HOCKEY CLUB
FINANCIAL ASSISTANCE REQUEST FORM**



Parent or Guardian applying _____

Address _____

Telephone _____ Email _____

Player _____ Playing Level _____

Player _____ Playing Level _____

Player _____ Playing Level _____

Please explain why assistance is needed. Please provide as much information as possible.

*I also understand that by applying for assistance, I am willing to fulfill my other hockey obligations with NO BUY OUTS (ex: fundraising, concession hours, etc...) otherwise at the end of the season you will be charged accordingly. *

Signature of applicant

Date

WHC President

WHC Vice President

WHC Treasurer

WHC Secretary