



So IL IceHawks Youth Hockey Association Financial Assistance Application

Player Name: _____ Age: _____ Birth Date: _____

What program level is your child registering for: _____

Mother/Guardian Information:

Name: _____

Address: _____

Phone: _____

Email: _____

Employer: _____

Father/Guardian Information:

Name: _____

Address: _____

Phone: _____

Email: _____

Employer: _____

The above parents/guardians are:

_____ Married to each other

_____ Divorced or legally separated

If divorced or legally separated, which parent has primary custody? _____

Will non-custodial parent be sharing any cost of the player's expenses? _____

Number of family members in the household: _____

List ages of dependents: _____

Has your family experienced an unexpected financial hardship? _____

If yes, please briefly explain: (submit extra sheet if necessary)

Total amount you can pay toward the registration/team fees? _____

Please provide any additional information you would like considered on a separate sheet.

Signature: _____ **Date:** _____

Mother/Guardian

Signature: _____ **Date:** _____

Father/Guardian