

**West Linn Recreation Basketball
Request for Financial Assistance**

Parent/Guardian (Please print) _____

Address _____

Phone (H) _____ (W) _____

Email Address _____

Children for Whom Assistance is Requested:

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

The Recreation basketball program involves a significant amount of cash outlay to cover gym fees, referee fees, uniforms, insurance and other expenses. Although it is our desire that every qualified youth have the opportunity to participate, the West Linn Youth Basketball Association has limited funds available for families needing financial assistance.

The fee for participation in the Recreation Program for this season is \$90. Although full assistance may not be available, the Association may be able to grant partial relief. Therefore, we ask that all families seeking financial assistance consider contributing some amount of their fee. Please indicate below how much payment you are pledging to make per month (3 months):

Please give a brief description as to why you feel financial assistance is required:

This Request for Financial Assistance form, along with a Manual Recreation Registration form, must be received by the Association prior to December 1. Requests will be considered and acceptance/rejection will be communicated to the requestor prior to December 15.

I acknowledge that all statements made herein are true and accurate. Further, I pledge that I will honor my stated financial commitment.

Parent/Guardian Signature _____ Date _____

Mail completed form to: West Linn Youth Basketball
PO Box 511
West Linn, OR 97068