



Little Chute Diamond Club, Inc.

PO Box 96

Little Chute, WI 54140

littlechutediamondclub@gmail.com

REGISTRATION FEE ASSISTANCE APPLICATION

CONFIDENTIAL

ATHLETE NAME: _____

DATE OF BIRTH: _____ SEASON/LEVEL: _____

AMOUNT REQUESTED (Dollar or Percentage): _____

PARENT NAME: _____

PARENT EMAIL: _____

Please include a brief explanation for your assistance request on or with this form. You may include the written recommendation of any resource you feel appropriate.

By submitting this form, you are verifying that all information provided is true and accurate, that you understand your application will be rejected if any of the information provided is found to be false and that you are requesting to have your confidential application reviewed by the LCDC Board of Directors.