



Adirondack Youth Hockey Association

P.O. Box 940 Glens Falls, NY 12804

Parent/Guardian: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone/Cell: _____ Email Address: _____

Year: _____

Child Name _____ Year: _____ Rate: _____

Child Name _____ Year: _____ Rate: _____

Child Name _____ Year: _____ Rate: _____

Child Name _____ Year: _____ Rate: _____

Child Name _____ Year: _____ Rate: _____

Amount of Financial Assistance Requested: _____

Will you need a payment plan for the remaining? _____

Please explain the financial circumstances surrounding your need for financial assistance. Use the back of form, if necessary

I/We certify that the information provided above is true and accurate and that my/our child/children would be unable to participate in the Adirondack Youth Hockey Association house league without financial support. I/We further understand any decision made by the financial committee will be final and communicated within 10 days of receiving this form.

Signature: _____ Date: _____

Please fill out, print, sign, and mail to: **AYHA P.O. Box 940 Glens Falls, NY 12801** or fill out, print, sign and scan form. Email to President@AdkHockey.com