

# HASTINGS YOUTH ATHLETIC ASSOCIATION

## Application for Assistance & Payment Schedule



The HYAA Board adopted a policy December 1996 to provide financial assistance or a payment schedule for Registration Fees. Please complete the following form (please print).

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work or Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**I am requesting assistance for the following. Waived fees are limited to 1 sport per child per year.**  
**Brief reason for request:**

Player Name	Grade	Age	Sport	Registration Fee	Program Fee	Total

**Please indicate the level of assistance for your registration fee. Your request for full or partial assistance will be reviewed by HYAA Executive Board. Upon approval we will contact you within two weeks.**

Full Assistance – Registration fee of \$ \_\_\_\_\_

Partial Assistance – I will pay \$ \_\_\_\_\_ towards the registration fee and  
 HYAA will waive \$ \_\_\_\_\_ of the registration fee.

Payment Schedule – see below

In lieu of partial or full assistance, HYAA expects a youth 14 years of age or older to work for the fee or the parent to volunteer additional time. Additional help is needed in the following areas:

\_\_\_ Umpire Baseball or Softball      \_\_\_ Help with field maintenance      \_\_\_ Tournament Support

\_\_\_ Other skills you can offer: \_\_\_\_\_

**PAYMENT SCHEDULE - I will pay the following amount per this schedule.**

\$ _____	Registraton Fee Paid	\$ _____	Program fee Paid	Balance \$ _____
\$ _____	March 1	Balance \$ _____		
\$ _____	April 1	Balance \$ _____		
\$ _____	May 1	Balance \$ _____		
\$ _____	June 1	Balance \$ _____		

**Send Payments to:**  
 HYAA  
 P.O. Box 156  
 Hastings, MN 55033-0156

Balance paid in full on \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_