



Clinton Youth Hockey

Hardship Application

PLAYER INFORMATION

Name: _____

Date of
Application _____

Date of Birth: _____

Years in USA Hockey: _____

Yrs. w/ CYH: _____
(includes all teams and seasons played from LTS-Midgets)

Current Season Team Level: _____
(Mite, Squirt, PW, Bantam,
Midget, Girls)

Email: _____

PARENT(S) INFORMATION

Name: _____

Email: _____

Address: _____

H. Phone: _____

W. Phone: _____

REQUIRED INFORMATION

Verification of Income: Include a copy of last years Federal Tax Return

Attach explanation of why you would like to be considered for a hardship this year and any relevant supporting documentation. Include a description of the compelling current event or situation that necessitated the request for hardship.

APPLICANT SIGNATURE _____ **DATE** _____

CYH USE ONLY:

Review Committee Results:

- ☐ Full registration relief of \$ _____
- ☐ Partial registration relief of \$ _____
- ☐ Additional fund raising assessment of \$ _____
- ☐ Extended payment plan
- ☐ Other means of compensation

Notes:

CCYHA Representative _____ Date _____