



ORONO YOUTH HOCKEY ASSOCIATION

2018-2019 FINANCIAL ASSISTANCE APPLICATION

Name of Parent or Guardian: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Name(s), Date of Birth and 2018-2019 playing level (Squirt, Peewee, etc.) of child/children for whom assistance is being requested:

Name _____ DOB: _____ 2018-2019 Level: _____

Name _____ DOB: _____ 2018-2019 Level: _____

Name _____ DOB: _____ 2018-2019 Level: _____

What School District do you reside in based upon Minnesota State School Board Boundaries? _____

What school does your child(ren) attend? _____

As a condition of receiving financial assistance, it would be the expectation of the Association that you would be able to volunteer a total of 15 hours of time at certain events throughout the season (helping at tournaments sponsored by OYHA during the Hockey Year, for example). Do you foresee any problems with being able to fulfill this requirement?

Reason/Background for Financial Assistance Request:

Parent (s)/Guardian Occupation, Employer and Status (FT/PT):



ORONO YOUTH HOCKEY ASSOCIATION
2018-2019 FINANCIAL ASSISTANCE APPLICATION

Parent Marital Status: _____

List 3 References (Name, Phone, Email Address and Relationship):

- 1.
- 2.
- 3.

Level Total Fees

LEVEL	BIRTHDATE RANGE	TOTAL FEES
Mite/U6/U8/New Player*	age varies	\$129
Mites Boys 5-7	7/1/2011 - 6/30/2014	\$355
Sr. Mites Boys (8-9 yr old)	7/1/2009 - 6/30/2011	\$580
Squirt	7/1/2007 - 6/30/2009	\$1300
PeeWee	7/1/2005 - 6/30/2007	\$1500
Bantam	7/1/2003 - 6/30/2005	\$1,900
Jr. Gold	7/1/1999 - 6/30/2003	\$1,900
Girls 6U	7/1/2011 - 6/30/2014	\$355
Girls 8U	7/1/2009 - 6/30/2011	\$580
Girls 10U	7/1/2007 - 6/30/2009	\$1300
Girls 12U	7/1/2005 - 6/30/2007	\$1500
Girls 15U	7/1/2002 - 6/30/2005	\$1,800

Above are the fees for the coming year (note that there also will be a slush fund fee and/or \$100.00 non-parent coach fee for certain teams – those costs would still be your requirement). Would you be able to pay a portion of the cost for your child to play hockey this season noted above – and if so – how much?

Please email the completed Financial Assistance Application to aid@oronohockey.org. Your request will be reviewed by the Orono Youth Hockey Association Executive Board. You will be contacted shortly after with a decision from this Board.

I certify that the above information is true and correct. _____

(Signature of parent or legal guardian)

Date _____

*All information will be kept confidential