



ORONO YOUTH HOCKEY ASSOCIATION

2023- 2024 FINANCIAL ASSISTANCE APPLICATION

Name of Parent or Guardian: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

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

Name _____ DOB: _____ Level: _____

Name _____ DOB: _____ Level: _____

Name _____ DOB: _____ 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):

Parent Marital Status: _____

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

1.

2.

3.

2023-2024 LEVELS OF PLAY AND FEES

LEVEL	BIRTHDATE RANGE	TOTAL FEES
Mite/U6/U8/New Player*	age varies	\$150
Mite 1 (Warriors & Spartans)	Preschool (All) + Kindergarten (Beginner)	\$220
Mite 2 (Warriors & Spartans)	Kindergarten (Intermediate - Advanced) + 1st Grade (Intermediate - Advanced) + 2nd Grade (Beginner)	\$450
Mite 3 (Warriors & Spartans)	2nd Grade (Intermediate) + 3rd Grade (Beginner)	\$675
Mite 4 (Warriors & Spartans)	2nd Grade (Advanced) + 3rd Grade (Intermediate - Advanced)	\$900
Squirt	6/1/2012 - 5/31/2014	\$1,760
PeeWee	6/1/2010 - 5/31/2012	\$2,030
Bantam	6/1/2008 - 5/31/2010	\$2,280
Jr. Gold	6/1/2004 - 5/31/2008	\$1,655
Girls 10U	6/1/2012 - 5/31/2014	\$1,660
Girls 12U	6/1/2010 - 5/31/2012	\$2,000
Girls 15U	6/1/2007 - 5/31/2010	\$2,200

Above are the fees for the coming year (note that there also will be a slush fund fee and/or additional fees – 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 treasurer@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