



ORONO YOUTH HOCKEY ASSOCIATION

2020- 2021 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):



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Parent Marital Status: _____

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

- 1.
- 2.
- 3.

Level Total Fees

2020-2021 LEVELS OF PLAY AND FEES

LEVEL	BIRTHDATE RANGE	TOTAL FEES
Mite/U6/U8/New Player*	age varies	\$125
Mites Boys 5-7	6/1/2013 - 5/31/2016	\$400
Sr. Mites Boys (8-9 yr old)	6/1/2011 - 5/31/2013	\$600
Squirt	6/1/2009 - 5/31/2011	\$1400
PeeWee	6/1/2007 - 5/31/2009	\$1600
Bantam	6/1/2005 - 5/31/2007	\$1,800
Jr. Gold	6/1/2001 - 5/31/2005	\$1,300
Girls 6U	6/1/2013 - 5/31/2016	\$400
Girls 8U	6/1/2011 - 5/31/2013	\$600
Girls 10U	6/1/2009 - 5/31/2011	\$1400
Girls 12U	6/1/2007 - 5/31/2009	\$1600
Girls 15U	6/1/2005 - 5/31/2007	\$1,600

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