

Shawano Hockey Skatership Application		
APPLICANT INFORMATION		
Player Name:	Date of Birth:	
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Player(s) must be a dependent(s) that you claimed on your income taxes.		
PARENT/GUARDIAN EMPLOYMENT INFORMATION		
Name:		
Primary Employer:	How long?	
Phone:	E-mail:	
City:	State:	Zip Code:
Position:	Hourly Salary (please circle)	Annual Income:
\$ AMOUNT RECEIVED	GROSS MONTHLY INCOME	VERIFICATION PROVIDED?
	Food stamps	
	Social Security/Disability Income	
	Unemployment Compensation	
	Child Support	
	Spousal Support/Maintenance	
	Other Specify: _____	
A COPY OF YOUR FEDERAL INCOME TAX RETURN FOR THE PREVIOUS YEAR SHOULD BE INCLUDED WITH THE FORM		
SPOUSE EMPLOYMENT INFORMATION		
Name:		
Current Employer:		
Employer Address:	How long?	
Phone:	E-mail:	Fax:
City:	State:	Zip Code:
Position:	Hourly Salary (please circle)	Annual Income:
Has your player(s) received a skatership from SHL in the past? ____ Yes ____ No		Year received:
What amount would you feel comfortable contributing toward your fees?		
Signatures		
I authorize the verification of the information provided on this form as to my credit and employment. The information provided is true and complete. I have attached a copy of my federal income tax return for the previous year to this form. If my financial status changes, I will promptly notify the SHL Board.		
I, the parent or guardian of the above named minor, hereby accept the volunteer requirements of this skatership program sponsored by the Shawano Hockey League, Inc. during the current hockey season. I also agree to pay Shawano Hockey League, Inc. all player fees due to them in the event I am unable to fulfill the volunteer components of the skatership program.		
Signature of Parent/Guardian:		Date:
<i>Below is for SHL use only</i>		
Skatership Approved? YES NO	Skatership Amount:	Remaining \$ owed:
Number of Volunteer hours extra:		
SHL Board Member Signature:		Date/Time:
Mail form to: Shawano Hockey League, P.O. Box 125 Shawano, WI 54166 or Email: president@shawanohockey.org		