



HUDSON VOLLEYBALL ASSOCIATION

HARDSHIP REQUEST FORM

Please fill out the requested information and you will be contacted for additional information.

Name: _____

Address: _____

City, State, Zip Code: _____

Primary Phone: _____

Alternate Phone: _____

E-mail: _____

The information on this form will be kept confidential and will only be reviewed by the Hudson Volleyball Association – Executive Board. Once a decision and offer is made, we will have you sign a Payment Agreement form which will confirm the agreed upon payment options. Late payments may be subject to additional fees and exclusion from participation in all volleyball related activities under the Hudson Volleyball Association payment policy until payments are current, including exclusion from practices and tournaments. Continued delinquency may be subject for additional actions regarding membership with Hudson Volleyball Association.

You can either email or mail this form.

Please mail to: HVA
P.O. Box 672
Hudson, WI 54016

Email: croixattack@outlook.com