



## Forest Lake Area Fastpitch Association

Mission Statement: Working together to support and participate in the positive development of youth.

### Request for fee reduction

Player name: \_\_\_\_\_

Parent name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Age Level: \_\_\_\_\_

Email: \_\_\_\_\_

My child would be unable to participate in traveling Fastpitch without a reduction in fees. I am requesting a reduction of \$\_\_\_\_\_. I am able to pay \$\_\_\_\_\_ towards my child's fees. I understand that FLAFA may ask me to work additional volunteer hours in exchange for a fee reduction.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed form to: FLAFA PO Box 575, Forest Lake, MN 55025 or scan and send to: [treasurer@flafa.org](mailto:treasurer@flafa.org)