



FINANCIAL ASSISTANCE APPLICATION

Name: _____ Date: _____

Address: _____

Cell Phone #: _____ Home Phone #: _____

Sport: _____

Have you applied for assistance in the past: Yes _____ No _____

If Yes, what sport(s): _____

Children's Name & Ages

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Please provide a brief explanation of why financial assistance is requested:



1. PARENTS/GUARDIANS WILL BE RESPONSIBLE FOR THE MEMBERSHIP COST OF EACH SPORT ALONG WITH JERSEY FEE. PARENTS/GUARDIANS MAY MAKE PAYMENTS, WITH PAYMENT IN FULL BEFORE THE FIRST GAME.
2. PARENTS/GUARDIANS WILL BE REQUIRED TO VOLUNTEER AS DEEMED APPROPRIATE PER EACH INDIVIDUAL SPORT

PYA BOARD USE ONLY: Requirements to be completed before the end of the season. You may choose one or more of the following options:

1. Extra fundraising such as candy bars, raffle tickets, etc.
2. Food booth/concessions during the semi pro games.
3. Food booth/concessions when booth is open during high school games.
4. Food booth/concessions during PYA football/cheerleading season.
5. Darien Lake Concerts

Approved: Yes _____ No _____

Reason for denial:

Board President Signature:

Parent Signature: