

HILTON HEAD BASEBALL ASSOCIATION
SPRING 2016 FINANCIAL ASSISTANCE REQUEST FORM

This form is confidential and will only be seen by the Board of Directors of Hilton Head Baseball Association. Please fill out completely.

Name of Player(s) _____

Name of Parent/Legal Guardian _____

Address _____ City _____ Zip _____

Home Phone Number _____

Place(s) of Employment _____

Job Title _____ Work Number _____

Monthly Gross Income _____

Number of Children _____ Ages _____

League your child(ren) are registering for _____
Peewee/AA Machine Pitch/Minors/Majors/Dixie

Regular Registration Fee _____ Amount able to Pay _____

Please Check: Single Married Spouse Disabled
 Separated Divorced Widow

Are you receiving any child support? Yes _____ No _____

Are you receiving any other monetary support? Yes _____ No _____
If yes, please explain _____

Why do you feel you should receive financial assistance? _____

If any of the above information is falsified, you will be billed for the full registration fee

Signature of parent/guardian _____ Date _____

Reviewing Director _____ Date _____

Approved Yes _____ No _____ Date _____

Amount of financial assistance awarded _____