



## Wolverines Hockey Club Player Assistance Fund Application

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

Parent/Guardian Name: \_\_\_\_\_

Player Name: \_\_\_\_\_

Registration fee funding amount requested: \_\_\_\_\_

Cash call funding amount requested: \_\_\_\_\_

Total number of adults in household: \_\_\_\_\_

Total number of children in household: \_\_\_\_\_

I have attached proof of total household income: YES \_\_\_\_\_ NO \_\_\_\_\_

I have attached proof of application to external subsidies (ie: FESP) : YES \_\_\_\_\_ NO \_\_\_\_\_

I hereby give permission for my information to be used strictly by the Wolverines Hockey Club to determine eligibility and level of financial assistance. Application details are kept secure and confidential.

Parent/Guardian signature: \_\_\_\_\_