

Havre de Grace Recreation Committee
Financial Assistance Request

Parent/Guardian Name: _____

Child Name: _____

Home Phone # _____

Cell Phone # _____

Address: _____

Email: _____

Child Birth date (month/day/year): _____

Class child wishes to enroll in (circle one):

- Basketball
- Cheerleading
- Dance
- Drama
- Field Hockey
- Football
- Lacrosse
- Soccer
- Tennis
- Wrestling
- Other: _____

1. Does your child currently receive free/reduced lunch at public school*? (Circle one) Yes No

2. Does your child currently attend public school pre-K or Headstart*? (Circle one) Yes No

3. Would a payment plan be of assistance to you paying for the program? (Circle one) Yes No

4. Please provide a brief explanation of why your child should receive aid from our program.

* You may be asked to provide proof of income.