



## Fee Waiver Application

Cosumnes River Little League (CRL) will not deny any child a chance to play baseball or softball solely due to financial hardship. Full or partial scholarships are available. Complete and return this form and the required information to Cosumnes River Little League. P.O. Box 584 Sloughouse, CA 95683

The Fee Waiver amount is based on the registration fee of your child's age. This information can be found at our website: [www.playcrl.com](http://www.playcrl.com)

### IDENTIFYING INFORMATION

Guardian LAST	Guardian First	Player LAST	Player First	Full or Partial
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>

### HOME ADDRESS

Street	City	State	Zip

### CONTACT INFORMATION

Preferred Phone	Second Phone	e-mail

### FINANCIAL HARDSHIP EXPLANATION

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I/We, as the Parent or Legal Guardian of the player(s) named above, attest to the truth for the above information to the best of My/Our knowledge. We agree to “re-pay” the league with additional volunteer time, as confirmed by the Volunteer Coordinator. I/We understand that these additional hours are above and beyond any CRLLE regular “volunteer commitment” that is associated with league registration.

\_\_\_\_\_ **Parent/Legal Guardian Name (Print)**

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Parent/Legal Guardian Signature**

**FOR CRLLE USE ONLY**

**CRLLE Officer:** \_\_\_\_\_ **Date Reviewed** \_\_\_\_\_

<b>Full Waiver Granted</b>	<b>Partial Waiver Granted</b>	<b>Request Denied</b>
<b>Amount: \$</b> <input type="checkbox"/>	<b>Amount: \$</b> <input type="checkbox"/>	<input type="checkbox"/>