



Kalamazoo Optimist Hockey Association Sportship Application 2025-26 Season

Please note that applications will be denied that do not have the proper documentation. Please submit all documents required, along with this application, on or before 5:00pm Monday, September 15, 2025

Player's Name: _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ (Home) _____ (Work)

Email: _____

Level of play for 2025-2026 Season (Check one) and Circle Level:

___ Beginning Hockey ___ 8U ___ 10U C B or Travel

___ 12U C B or Travel ___ Girls ___ 14U C B or Travel ___ JV

Mother's Name: _____ Occupation: _____

Father's Name: _____ Occupation: _____

1. Marital Status: __ Single __ Married __ Divorced __ Separated __ Widow/ Widower

2. Number living in household: _____

3. 2024 Tax Form Filed: (Attach a copy of the tax form filed.)

1040A/1040EZ 1040 Est. 1040A/1040EZ Est. 1040 Not filed

4. Number of exemptions: _____

5. 2024 Adjusted gross income: \$ _____

6. 2024 Taxes paid: \$ _____

7. 2024 Earnings (mother): \$ _____

8. 2024 Earnings (father): \$ _____

9. Total Social Security received in 2024: \$ _____

10. Total Child Support received in 2024: \$ _____

11. Total AFDC received in 2024: \$ _____

12. Total untaxed income received in 2024: \$ _____

Note: Attach a copy of year-end statements for income reported in items 9, 10, 11, and 12.

13. Total amount of checking and savings: \$ _____

14. Real Estate/Investment value: \$ _____

15. Real Estate/Investment debt: \$ _____

(OVER)

16. Business/Farm value: \$ _____
17. Business/Farm debt: \$ _____

18. Do you own a home? Yes No (if yes, answer questions A and B)

A: Home value: \$ _____ B: Home debt: \$ _____

19. Parent(s) annual expenses:

Monthly Expenses	Annual Expenses for 2025

- A. Include rent or mortgage payment.
- B. Include monthly costs of electricity, phone, heat, and other direct utility charges not included in rent.
- C. Include costs for groceries, as well as meals eaten out.
- D. Include all medical care costs, including doctor's visits, glasses, contact lenses, prescriptions, medical insurance, special dietary needs, etc.
- E. If you own a car, include costs for insurance, maintenance, repair, and mileage. If you do not own a car, itemize types and kinds of travel costs you do have (air fare, bus or cab fare, etc.)
- F. Include personal care costs such as haircuts, grooming supplies, dry cleaning, and laundry costs.
- G. Include childcare and/or dependent care.

20. Other circumstances to be considered:

21. Signature: _____ Date: _____

Send to:
KOHA Sportship Committee
Wings West
5076 Sports Drive
Kalamazoo, MI 49009-7118

or email Frank Noonan at f.noonan@koha.com