

SHL Skatership Application

APPLICANT INFORMATION

Player Name:	Date of Birth:	Phone:
Current Address:		
City:	State:	Zip Code:
Player Name:	Date of Birth:	Player must be a dependent that you claimed on your income taxes.
Player Name:	Date of Birth:	

PARENT/GUARDIAN EMPLOYMENT INFORMATION

Name:		
Primary Employer:		How long?
Phone:	E-mail:	
City:	State:	Zip Code:
Position:	Hourly Salary (please circle)	Annual Income:

A COPY OF YOUR FEDERAL INCOME TAX RETURN FOR THE PREVIOUS YEAR MUST BE INCLUDED WITH THE FORM

\$ AMOUNT RECEIVED	GROSS MONTHLY INCOME	VERIFICATION PROVIDED?
	Food stamps	
	Social Security/Disability Income	
	Unemployment Compensation	
	Child Support	
	Spousal Support/Maintenance	
	Other Specify: _____	

What amount could you contribute toward your fees?

PAST SHL HISTORY

Has your player(s) received a skatership from SHL in the past? Yes No

Player Name:	Date of Birth:	Year received:
--------------	----------------	----------------

SPOUSE EMPLOYMENT INFORMATION

Current Employer:		
Employer Address:		How long?
Phone:	E-mail:	Fax:
City:	State:	Zip Code:
Position:	Hourly Salary (please circle)	Annual Income:

REFERENCES

Name	Address	Phone

Signatures

I authorize the verification of the information provided on this form as to my credit and employment. The information provided is true and complete. I have attached a copy of my federal income tax return for the previous year to this form. If my financial status changes, I will promptly notify the SHL Board.

I, the parent or guardian of the above named minor, hereby accept the volunteer requirements of this skatership program sponsored by the Shawano Hockey League, Inc. during the current hockey season. I also agree to pay Shawano Hockey League, Inc. all player fees due to them in the event I am unable to fulfill the volunteer components of the skatership program.

Signature of Parent/Guardian:		
Signature of Applicant:		Date:
Skatership Approved:		Date:
Skatership Amount:	Remaining \$ owed:	Number of Volunteer hours needed:
Applicant Notified? YES NO	Date/Time:	SHL Board Member:

Mail form to: Shawano Hockey League, P.O. Box 125 Shawano, WI 54166.