Gilroy Little League

Financial Assistance Request Form All Financial Assistance MUST be done IN PERSON

I understand that if payments are	e declined GLL will continue to run my card until funds that if I fail to make payment my child will not receive
Parent Name	Parent Signature
Date:	
(GLL EXEC BOAF	RD MEMBER)
Approved by:(GLL EXEC BOAF	
X I would like to <u>be considered</u> for finan the remainder in full at time of registra	scial assistance up to $\frac{1}{2}$ of my player's registration fee. I must pay ation.
<u>Or</u>	
	(Checks are NO LONGER ACCEPTED)
3) \$50 or \$60 02/03/19 Exp	p: Code:
1) \$60 or \$70 now Na 2) \$60 or \$70 01/06/19 Cre	edit Card to be charged: p: Code:
X I can pay the \$170 or \$200 fee, if I can	n make 3 payments as follows:
I would like to be considered for one or	of the following options:
He is league ageShe is league age	(Players age baseball) (Players age for softball)
baseball/softball for Gilroy Little Leag fees at this time.	gue. However, I am not able to pay the full registration
wiy ciiid	would like to play

Parent address, phone and email