



Financial Assistance

Name of Person(s) Making Request: _____

Relation to Player(s): _____ Phone Number: _____

Name of Player(s) & Age(s) on August 31, 2024: _____

Are any of the players new to Land Park Pacific Little League? YES NO

Have any players played in another Little League? YES NO

If yes, which Little League? _____

Please circle the type of financial assistance you are requesting:

1. **Payment Plan:** Registration Fees + Volunteer Fee paid in 6 monthly payments on the first of the month, from January to June of 2024. \$100 Volunteer Fee refunded in full after completion of 8 volunteer hours.
2. **Reduced Payment Plan:** Half of Registration Fees + Volunteer Fee paid in 6 monthly payments on the first of the month, from January to June of 2024. \$100 Volunteer Fee refunded in full after completion of 8 volunteer hours.
3. **Volunteer Fee Only:** Volunteer Fee paid in 5 monthly payments on the first of the month, from January to May of 2024. \$100 Volunteer Fee refunded in full after completion of 8 volunteer hours.
4. **Special Request:** _____

I attest that my request for financial assistance is based on verifiable financial need and, if requested, I can provide sufficient facts and/or documents to support my request.

Signature of Requestor: _____ Date: _____

Signature of LPPLL President: _____ Date: _____