

# REQUEST FOR ATHLETIC PARTICIPATION FEE WAIVER

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

SPORT \_\_\_\_\_

Please provide specific reason(s) and evidence why you are applying for an athletic participation fee waiver:  
(If the info is not specific to your situation, the waiver will be mailed back to the home address for revisions.)

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## For Office Use Only

### Approval

Partial Waiver = \$55.00

Full Waiver Granted

### Evidence

Proof of Yearly Earnings

FRL

Other \_\_\_\_\_

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