

**Coon Rapids Cardinal Little League
Fee Assistance 2017**

Please give a brief description of circumstances: _____

Player on lunch program Y / N _____%

League(s): Majors ___ AAA ___ AA ___ A ___ T-ball ___ LTP ___

Player(s) Name and Ages: _____

Address: _____

Phone Number: _____

Email Address: _____

I _____ understand that CRCLL is helping us with our 2017 registration fees. In order to help cover some of the costs involved, I agree to 2 extra shifts in the concession stand/field help during tournaments to help offset the costs.

The volunteer coordinator will call you to set up the extra shifts.

I feel we can afford to pay \$ _____ today.

Parent of Player(s)
Print: _____

Sign: _____ Date: _____

Amount paid: \$ _____ Assistance: \$ _____ Total: _____ Code: _____

Approving Board Member _____ Date: _____