

MIDDLETOWN YOUTH LACROSSE FINANCIAL ASSISTANCE APPLICATION

Please complete one application per household and return it to:
Middletown Youth Lacrosse, Inc., P.O. Box 1192, Middletown, CT 06457
or middletownyouthlacrosse@gmail.com

Player Information:

| First Name | Last Name |
|------------|-----------|
| | |
| | |
| | |
| | |
| | |

Parent / Guardian Information:

Name: _____
Address: _____
City / State / Zip Code: _____
Phone: _____
Email: _____

Additional Notes:

Signature of Parent / Guardian Date

MYL Use Only:

| | | |
|-------------|-----------|------|
| Approved By | Signature | Date |
|-------------|-----------|------|