



Charlestown Youth Hockey Association  
 PO Box 712  
 Charlestown, Ma. 02129  
 WWW.CYHA.COM

## CYHA Dues Assistance Fund Application

<b>APPLICANT (Name of Player)</b>		
<b>NAME</b>	<b>Parent/Guardian (Person submitting this application)</b>	
<b>STREET</b>	<b>CITY, STATE AND ZIP</b>	
<b>DATE OF BIRTH</b>	<b>HOW LONG HAS APPLICANT BEEN A MEMBER OF CYHA?</b>	
<b>PARENT/GUARDIAN NAME</b>	<b>ADDRESS (Street, City, State, Zip)</b>	<b>HOME PHONE and EMAIL</b>
<b>TEAM INFORMATION</b>		
<b>PLAYER'S CURRENT TEAM (i.e.: Mite, Squirt, Pee Wee, Bantam, U10, U12, U14)</b>		
<b>PREVIOUS TEAMS</b>		
<b>CURRENT HEAD COACH'S NAME</b>		
<b>REFERENCES</b>	Please provide three (3) references below. Providing references is optional. Opting to skip this section will not impact general consideration of the application.	
<b>NAME</b>	<b>CONTACT INFORMATION</b>	<b>RELATIONSHIP TO PLAYER/FAMILY</b>
1.		
2.		
3.		

PLEASE PROVIDE A BRIEF NARRATIVE DETAILING THE REASONS WHY A REQUEST FOR ASSISTANCE SHOULD BE CONSIDERED.  
PLEASE TYPE OR PRINT LEGIBLY. ATTACH A SEPARATE SHEET IF NECESSARY.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**Applications must be postmarked by October 31, 2018 to be considered.**

**Submit completed, signed applications by U.S. Mail or email to the following:**

US Mail:      Charlestown Youth Hockey Association  
                 PO Box 712  
                 Charlestown, MA 02129

Email:         BOD@CYHA.com

Please contact any member of the Board of Directors should you have any questions regarding the application process. Email: [BOD@CYHA.com](mailto:BOD@CYHA.com)