

# 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 I = \$55.00
- Partial Waiver II = \$25.00
- Full Waiver Granted
- 3-Sport Waiver

### Evidence

- Proof of Yearly Earnings
  - FRL
  - Other \_\_\_\_\_
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