

LizardHead Hockey Club Financial Aid Application

Submit this form with the first page of your most recent Federal 1040 Tax Form to support@telluridehockey.com. Remove all sensitive information such as social security numbers. If you do not wish to email request local delivery. Each child will need a separate application. **Final deadline for submission and consideration is Sept 1st yearly.**

Child's Full Name: _____ Date of birth: _____

Parents/Guardian Name: _____

Address: _____ Email: _____

Phone: _____

Child lives with: _____ Mother _____ Father _____ Both _____ Other:

Household Size: _____ Adults _____ Children

Child Demographics: _____ Female _____ Male _____ White _____ Hispanic/Latino
_____ Asian _____ African American _____ Other

Line 9 on your most recent Federal 1040 filed: Total Income: \$ _____ Year _____

Please request registration assistance below with a percentage of registration amount.
(Example: 25% discount)

Explain any special financial circumstances affecting the family's budget at this time.
(Continue on back if needed)

I hereby certify that all the information contained in this application is true and correct. In addition, I have attached a copy of the first page of my most recent tax return. Email application to support@telluridehockey.com or request drop off location.

Signature of Parent or Guardian: _____ Date: _____