

Greenville Recreation

Financial Assistance Application For Children's Programs

Parent/Guardian Name _____
Mailing Address _____
Home Phone _____ Cell Phone _____ Work Phone _____
What is the best day/time to contact you? _____
Child's Name _____ Age _____ Grade _____
Please use one form per child.

Programs you are applying for:
(Teams may vary according to number of players)

**Munchkin soccer K-2 Soccer 3rd-4th Soccer 5th-6th Soccer Time to Cook DI
Husson University Basketball Clinic Munchkin Cheering Munchkin Basketball
kindergarten Basketball 1st-2nd Basketball 3rd-4th Basketball 5th-6th Basketball
Father-Daughter Dance Mother-Son Dance MLS Husson University Soccer
Clinic
T-Ball Coach Pitch 3rd-4th Softball 5th-6th Softball Farm League Jr.Little
League Little League Summer Recreation Programs**

How many people in your Household? _____
Are you able to contribute any money towards this registration? _____
Parent/Guardian Signature _____ Date _____

Recreation Office Use

_____ Date Received Total \$ of Scholarship (s) _____

Comments:
