



IMMACULATE HEART OF MARY ATHLETICS

Payment Waiver Request Form

This information will be kept confidential by the Athletic Director.

Players Name: _____

Name of the Sport: _____

Name of Parents: _____

Address: _____

Email: _____ Phone: _____

Amount of waiver requested: \$_____ (no students receive a 100% waiver)

Families who need financial aid are expected to assist the athletics program with assistance above and beyond the usual parent help in concessions, set up, clean up, etc. Please indicate below where you are able to help.

Brief explanation of why a waiver is needed: _____

(Please use the back of this form if you need more space.)

Return this form sealed in an envelope to the school office, addressed to Bill Devine.