## Appendix C
## Financial Aid Request Form

Please complete this form in its entirety and submit it to the Registrar before paying Registration fees (no later than the end of the final Registration Day event).

Parent/Guardian's Full Name _____

Date of Financial Aid Request Form submission _____

Number of children registering with CCYSA this season _____

Please circle which age divisions are applicable for your child(ren) this season:

3s 4-5 U8 U11 U15

Reason for Financial Aid Request (Please provide a detailed explanation of the hardship or unique circumstances applicable to your request.)

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