



## APPLICATION FOR FEE WAIVER

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Season Requesting Waiver: \_\_\_\_\_ Number of Waivers Applied for: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Number of Children in home: \_\_\_\_\_

Reason for request:

\_\_\_\_\_

Copies of the following documentation to be provided for approval of waiver:

- \* Medicaid card
- \* Reduced/Free lunch program letter
- \* Food stamps
- \* DSHS Insurance Card

As a reminder to offset the players fee, GPAC requests that you volunteer your time during the year. Thank you for your participation.

\_\_\_\_\_

**Approved** Date: \_\_\_\_\_

Verified by: \_\_\_\_\_ Title: \_\_\_\_\_

Documentation Provided: \_\_\_\_\_

**Declined** Date: \_\_\_\_\_

Verified by: \_\_\_\_\_ Title: \_\_\_\_\_

Reason Declined: \_\_\_\_\_