



PAL APPLICATION FOR HARDSHIP WAIVER

Sport you are requesting a hardship for: _____

Parent's Name: _____

Address: _____

City & Zip Code: _____

Own or Rent: _____

Telephone # _____

Social Security Number: _____

Date of Birth: _____

Place of Employment: _____

Address: _____

Telephone: () _____

How Long: yrs months

You must attach a copy of your previous years tax return to be considered.

Other Parent's name (if applicable): _____

Address: _____

City & Zip Code: _____

Own or Rent: _____

Telephone # () _____

Social Security Number: _____

Date of Birth: _____

Place of Employment: _____

Address: _____

Telephone: () _____

How Long: yrs months

Child(ren) Name(s): _____

Child(ren) Address is different from Parents: _____

Please state the reason for the hardship request:

Please state the type of volunteer services you are willing to perform for the Plantation Athletic League.

Have you ever been granted a Hardship/waiver of fees in the past? If so which sport and when?