DELTA ISLANDERS

Rate Reduction Application

Reductions of registration fees must be applied for in writing (email OK) to the Club Treasurer and will be decided on by the Executive. The following form is provided for your convenience.

Date of Application: _____

Contact Person: _____ Phone: _____

Relationship to player: _____ Email: _____

Player Name: _____

Division: _____ Playing year: _____ Box or Field
circle one

Explain your reasons behind this reduction request (Use more paper if necessary): _____

_____

_____

_____

_____

_____

_____

Once complete, please forward to Delta Lacrosse Treasurer.
Any Executive approved reduction will be payable upon a decision.

For association use only

Full Registration Amount: $_____

Date of Decision: _____ ☐Yes Reduced ☐No – Application Denied

Amount to be paid: $_____

Signed: _____ _____ _____
DLA Treasurer VP _____ President