



Financial Assistance Agreement

The _____ family has requested financial assistance from Pocket Little League for the 2017 Little League Season. Pocket Little League has reviewed the request for assistance checked below:

<input type="checkbox"/>	Deferred payment plan: total registration fee divided into six monthly installments to be paid from January to June 2017. Family is responsible for fulfilling standard league volunteer requirement of 8 volunteer hours plus one snack shack shift.
<input type="checkbox"/>	Reduced deferred payment plan: 50% registration fee divided into two equal payments. First payment due upon registration, second payment due opening day. Family is responsible for fulfilling standard league volunteer requirement of 8 volunteer hours plus one snack shack shift and an additional 5 volunteer hours.
<input type="checkbox"/>	Other:

For approved requests please complete the section below:

<input type="checkbox"/>	<p>Deferred payment plan: I will make 6 monthly payments of \$_____, from January thru June 2017. I will provide PLL with a \$100 volunteer check that will be returned to me once I complete my league requirement of 8 volunteer hours and one snack shack shift. Should I fail to complete the volunteer hour's inr full my volunteer check will be cashed at the end of the 2017 season. Please include 6 monthly installment checks and return to the League Treasurer. Notes:</p>
<input type="checkbox"/>	<p>Reduced deferred payment plan: My registration fee has been reduced to \$_____, which will be divided into equal payments in the amount of \$_____. My first payment is due upon registration and my second payment is due on/before Opening Day ___/___/____. I will provide PLL with a \$100 volunteer check that will be returned to me once I complete 13 volunteer hours and one snack shack shift. Should I fail to complete the volunteer hours in full my volunteer check will be cashed at the end of the 2017 season. Please include 2 monthly installment checks and return to the League Treasurer. Notes:</p>
<input type="checkbox"/>	Other:

Family's Printed Name:	PLL President Signature:
Family's Signature:	PLL Treasurer Signature:
Date:	Date: