



[www.mhysa.net](http://www.mhysa.net)



## Registration Fee Waiver Request Form

It is the intention of the Madison Heights Youth Soccer Association to make every effort to ensure our program is open to all members of the community.

**Instructions:**

Please complete the following information and return:

**Option 1** (preferred) – Attend next board meeting and turn in (see web site for board meeting information and schedule).

**Option 2** – Email to form to: [president@mhysa.net](mailto:president@mhysa.net)

**Option 3** – Mail to:

MHYS A  
ATTN: REG WAIVER COMMITTEE  
P.O. BOX 71151  
Madison Heights, MI 48071



**Madison Heights** *Youth Soccer Association*

www.mhysa.net



### Registration Fee Waiver Request Form

Player Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Phone # (where you can be reached): \_\_\_\_\_

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

Level of Play: (circle one)    House    Premier (only the house portion will be waived)

Division: (circle one)    Tots    U6    U8    U10    U12    U14    U16    U19    Other: \_\_\_\_\_

Coach and Team Name (if known) \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MHYSA is run by volunteer effort. Please indicate how you are able to help:

Coach / Concessions / Board / Other (please indicate): \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

**FOR OFFICIAL BOARD USE ONLY**

Approved: \_\_\_\_\_

Amount: \_\_\_\_\_

Denied: \_\_\_\_\_

Date: \_\_\_\_\_