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## APPLICATION FOR TWAH FINANCIAL ASSISTANCE

Please fill out the form completely. All information provided will be held in strictest confidence by the TWAH Administrator.

### STEP 1- CHILD INFORMATION:

Child's First and Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Birth Date: Year \_\_\_\_ Month \_\_\_\_ Day \_\_\_\_

Number of Dependent Children in Family (Age 18 and Under): \_\_\_\_\_

Number of Dependent Children in Family registered in hockey (Age 18 and under): \_\_\_\_\_

### STEP 2 - PARENT / GUARDIAN INFORMATION:

First and Last Name: \_\_\_\_\_

Address including postal code (if different from Child's): \_\_\_\_\_

Preferred Telephone (circle - Home/Work/Cell:) \_\_\_\_\_

E-mail: \_\_\_\_\_

Please circle one: Single Parent    Married    Common-Law

### STEP 3 - FINANCIAL INFORMATION:

Applied for or Intend to apply for Flames Even Strength Program (FESP):

\_\_\_\_ YES    \_\_\_\_ NO

Received Flames Even Strength Program (FESP) last season:

\_\_\_\_ YES    \_\_\_\_ NO



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Requesting Financial Assistance with:

\_\_\_\_\_ Registration Fees (\$250/player assistance)

\_\_\_\_\_ Hockey Equipment Costs (Several Play It Again Gift Cards are provided through the Ken & Beryl Knudtsen Memorial Spirit Award)

\_\_\_\_\_ Ken & Beryl Knudtsen Memorial Spirit Award Assistance (\$1,000 available to Trails West to offset registration fees)

Please indicate any extenuating circumstances or comments that you wish to share regarding your financial situation:

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I hereby submit this application for financial assistance to Trails West acknowledging the information contained within is accurate. Should my financial situation change and I no longer need financial assistance, I agree to contact the TWHA Administrator.

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

Parent/Guardian signature: \_\_\_\_\_

**DEADLINE FOR APPLICATION: AUGUST 15**

**SCAN AND EMAIL THIS APPLICATION TO THE TWHA ADMINISTRATOR:**  
[admin@trailswesthockey.com](mailto:admin@trailswesthockey.com)