

YEAR: _____

SLL Officer: _____

Date: _____

Full Waiver: _____

Partial Waiver: _____

Waiver Denied: _____

Full or Partial

Registration: \$ _____

Player's Last Name: _____

Player/s First: _____



Physical Address: _____

Parent/s Name: _____ Phone: _____

Brief description for applying for a Soldotna Little League Scholarship.

Use back for more space

I/We, as the Parent or Legal Guardian of the player(s) named above, attest to the truth for the above information to the best of My/Our knowledge. We agree to "repay" the league with additional volunteer time. I/We understand that these additional hours are above and beyond any SLL regular "volunteer commitment" that is associated with league registration. Every \$50 of our registration total equals 2 hours of additional volunteer time.

Parents Signature: _____

Print Name: _____ Date: _____