

**FSK JR. EAGLES BASKETBALL
REQUEST FOR PAYMENT PLAN**

Parent: _____

Date: _____

Player: _____

Division: _____

Email: _____

Phone: _____

Type of request:

Monthly payment plan: _____ months

(select one option)

Reduction of: _____ %

Waive amount: \$_____

Is your child eligible for free or reduced lunches through CCPS?

yes

no

My reason for requesting this waiver is as follows:

Please return form to any FSK board member prior to monthly meeting (first Thursday of every month). A waiver must be filled out prior to uniform delivery and start of games for your child to be eligible to play.

For internal use by FSK:

Requested received by (member): _____

Date: _____

Reviewed by FSK Board on: _____

approved *rejected*

Signature of board president: _____

Date: _____