

YPCE DIRECTOR'S OFFICE
SPORTS FIELD FEE REDUCTION FORM
FUNDED BY THE YOUTH SCHOLARSHIP FUND

DATE ROUTED

PARK NAME

REQUESTOR'S NAME
& TITLE, EMAIL,
PHONE

501(c)(3) No.

EVENT & APPLICANT
INFORMATION

**REQUESTING
FEE WAIVER?**

Must meet ALL of the following criteria:

- | | |
|--|---|
| A) A recreation youth league | C) The majority of registered participants are Sacramento residents |
| B) A non-profit in good standing, or governmental agency | D) The league does not charge to participate |
| | E) The league uses volunteer coaches only |

☐

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☐ 50%

	Name	Signature	Ext.	Date
Customer Service Supervisor	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Superintendent	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Division Mgr.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Director	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

RETURN SIGNED FORM TO:

email with subject "CC Fee Waiver" to:

Customer Service Supervisor's Email Address:

Superintendent's Email Address