

SOUDERTON AREA BASEBALL LEAGUE

FINANCIAL ASSISTANCE APPLICATION

Please complete by the LAST REGISTRATION DATE of the Current Season
Mail or Email to PO Box 64766 Souderton PA 18964/ sabltreasurer@gmail.com
NO CHILD WILL BE TURNED AWAY!

PERSONAL INFORMATION

Player Name:

Last

First

MI

Parent's Name:

Address:

Street Address

Apartment/Unit#

City

State

ZIP Code

Home Phone: _() _____ Mobile Phone: _() _____

Email Address: _____

Please explain your situation below:

The **SOUDERTON AREA BASEBALL LEAGUE** will do our best to accommodate any hardship situations. But being a Non-profit organization we are limited to the amount that we can grant per year.

By submitting for this assistance and signing below, to circumvent charges, you agree to the following:

- Complete an additional 20 hours of volunteer service for one of the following as directed by the organization:
 - ❖ Snack Stand
 - ❖ Field Maintenance

Signature

Date

SABL USE ONLY:

Reviewer	Date Received	Date Reviewed	Approved (Yes/No)