



Office Use Only
Date:
Approved:

SFXAA FEE WAIVER APPLICATION

SFXAA generously provides fee waivers for players who would like to participate in the program. Parents, please fill-out the following application.

Player Name: _____

Address: _____ **City:** _____ **Zip:** _____

Phone Number: _____ **Parent Email:** _____

Parish: _____ **School:** _____ **Grade:** _____

I request a fee waiver for the following programs (check all that apply):

SFXAA Soccer program, \$105.00

SFXAA Baseball/Softball program, \$105.00

Please explain why you would like a fee waiver:

By signing below, I certify that the above information is correct.

Parent Signature

Date

Please drop off at St. Francis Xavier Parish Office, 4715 N. Central, Phoenix AZ 85012