



**Alameda Education Foundation
MIDDLE SCHOOL SPORTS PROGRAM
REQUEST FOR FEE REDUCTION WAIVER
2011-2012**

Confidential - for Coaches and Administrators only!

Date: _____

I, (name) _____, the parent or guardian of (student name)
_____ hereby request a (circle one): reduction/waiver of
participation fees for (sport) _____ at (school)
_____.

In lieu of \$50, we are able to pay (circle one): \$25 \$15 \$5 . If you require a full scholarship,
please initial here: _____ .

I understand that my eligibility may be subject to confirmation by school administration.

Signed:

Print Name: _____

School Administrator Sign-off: _____
name/signature date