



## METHOW VALLEY NORDIC

### REQUEST FOR FINANCIAL ASSISTANCE

#### 2009-10 SEASON

Participant's Name(s): \_\_\_\_\_ Birthdate \_\_\_\_\_

\_\_\_\_\_ Birthdate \_\_\_\_\_

\_\_\_\_\_ Birthdate \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Email address(es): \_\_\_\_\_

How much of the MVNT Registration Fee do you feel you are able to pay?

( J3= \$320      J4-7=\$105 )

How much of the equipment rental fee are you able to pay?

( J3=\$150-250      J4-7= \$110-150 )

What other winter activities/sports will your child(ren) be participating in?

What is it about the MV Nordic Team that you particularly value?

Please use this space to explain any unusual circumstances that affect your family's ability to pay or participate in the MVNT:

Please submit this form to: MVNT PO Box 1063 Winthrop, WA 98862  
or leave in the MVNT drop box at Winthrop Veterinary Services