



King Philip Pop Warner
PO Box 671
Wrentham, MA 02093

REGISTRATION SCHOLARSHIP REQUEST – 2008 SEASON

Please select one of the following options:

- I would like to pay the registration in full at a later date. I expect to be able to make the payment by the following date: _____
- I would like to make payments over time to KPYF. If the registration fee is not paid in full by August 1st, 2008, I agree to abide by the conditions of a registration reduction (listed below).
- I would like to request a registration fee reduction. At this time, I am able to pay \$_____ toward the cost of registration. In exchange for this reduction, I agree to the following terms:
 - Should my financial situation change that I am able to pay the balance of the registration fee, I will do so.
 - In exchange for the registration fee reduction, I agree to work one volunteer shift at each event hosted or participated in by KPYF, including but not limited to home football games, Cheerleading Competition and the Special Olympics Pass, Punt, and Kick event. KPYF will ensure that, wherever possible, this volunteer opportunity will not conflict with my child's participation schedule so that I may watch my child's games. KPYF will also be as flexible as possible with scheduling my volunteer opportunities. Volunteer opportunities include but are not limited to the following:
 - Concession stand duty during home games/hosted games (one 2-hour shift per home event, Saturday or Sunday)
 - Parking lot duty during home games/hosted games (one 2-hour shift per home event, Saturday or Sunday)
 - Game field painting/preparation (approximately 4 hours per home event, possibility exists for doing this during weeknight practices)
 - Setup or cleanup assistance at the Special Olympics PPK event (1-2 hours)
 - Crowd direction assistance at cheerleading competition
 - KPYF will also consider full participation in the fundraising committee as meeting your volunteer commitment.

Name(s) of child(ren): _____

By my signature below, I agree to abide by the conditions of this agreement, and acknowledge that failure to do so will result in the automatic denial of any future scholarship requests.

Name (print): _____ Phone Number: _____

Signature: _____ Date: _____