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