



Champaign-Urbana Youth Hockey Association

2021-2022 Goalie Fund Application

Goalie's Name: Click here to enter text.

Select goalie's level: Click here to enter text.

Parent/Guardian 1 Name: Click here to enter text. **Parent/Guardian 1 Email:** Click here to enter text.

Parent/Guardian 2 Name: Click here to enter text. **Parent/Guardian 2 Email:** Click here to enter text.

Please answer the following questions and return your completed application to goaliefund@cuyha.org. All applications will be kept confidential and will be shared only with the members of the Goalie Fund Committee that determine goalie funding awards. Your privacy and confidentiality will be respected.

For full consideration of your application, please submit by September 30th, 2021.

Participation in hockey

1. Has your skater played hockey in the past? If so, where?

Click here to enter text.

2. What do you project to be your skater's long-term involvement in CUYHA (e.g. how long do you see them playing with the Chiefs)?

Click here to enter text.

Financial Need

1. Please indicate how financial assistance through the goalie fund will assist your son/daughter in serving as the goalie for one of the CUYHA teams (e.g. purchase of equipment)?

Costs

All goalies/families, regardless of the financial assistance received, are expected to pay the deposit at their skater's level as a minimum investment toward the 2021-22 season fees and contribute volunteer hours as a way to give back to CUYHA.

Goalie financial assistance varies by player and awards may range from approximately 20% to 75% of costs.

Please indicate the amount that you are seeking in goalie financial assistance:

- € I am seeking relief of up to $\frac{3}{4}$ of the season fees
- € I am seeking relief of up to $\frac{1}{2}$ of the season fees
- € I am seeking relief of up to $\frac{1}{4}$ of the season fees
- € I am willing to pay up to \$[Click here to enter text.](#)

Agreement and Digital Signature

- By typing my name below, I certify that all of the above information is accurate to the best of my knowledge. I understand that if this application leads to financial assistance, I am obligated to pay the minimum fee of \$250 or \$350 (depending on the skater's level).
- I understand that failure to complete this application in whole, failure to meeting minimum payment, and/or submitting false information may disqualify my goalie from financial assistance and jeopardize my goalie's ability to obtain future funding support.

Parent/Guardian: [Click here to enter text.](#)

Date: [Click here to enter text.](#)

Please email completed applications to goaliefund@cuyha.org.