

**Hampton Racquet @ Green Hollow  
P.O. Box 11 18 East Hampton,  
NY 11937**

**Financial Assistance Form**

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age: 3 4 5 6 7 8 9 10 11 12 13

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

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

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Family Information: Married    Single    Parent    Divorced/Separated

Are you employed? No                      Yes, where - \_\_\_\_\_

Do you receive?

Free or Reduced Lunch    Yes    No

Food Stamps                      Yes    No

Public Assistance                Yes    No

Child Care Assistance        Yes    No

Please submit any documentation from any of the above assistance programs

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**Submit one of the following documents:**

- 1) Federal Tax Form 1040 Page 1, 2018
- 2) Current weekly pay stub
- 3) Unemployment Determination Letter
- 4) Formal letter from employer with current salary

Household Size	Annual Salary	Monthly Salary	Weekly Income	HR Tuition	HR weekly Payment

