



Morgantown Hockey Association  
P.O. Box 154  
Dellslow, WV 26531-0154

# REQUEST FOR WAIVER OF FEES

**Participant:** \_\_\_\_\_

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

**City, St. / Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Fees to be  
waived:** \_\_\_\_\_

**Justification:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Waiver of fees WILL NOT be considered unless all avenues of fundraising and sponsorships have been exhausted. You must present this at a Board of Directors meeting for approval. When you present this to the board, please be prepared to explain what resources you have attempted to access.**

**This form has to be returned to the MHA Treasurer 7 days before the next Board of Directors meeting and requires the approval of the Board of Directors.**

**You may also scan and submit your request electronically to:**

**[treasurer@morgantownhockey.com](mailto:treasurer@morgantownhockey.com)**