



BERNALILLO COUNTY PARKS & RECREATION

APPLICATION FOR FREE OR REDUCED FEE(S)

YOUTH BASKETBALL LEAGUE



APPLICANT, PLEASE COMPLETE IN FULL - THIS FRONT PAGE ONLY

Please Note: A non-refundable Registration Fee of \$15.00 per child (payable in Debit/Credit/Money Order/or Check, but NOT IN CASH) is due at the time of enrollment.

PARENT/LEGAL GUARDIAN INFORMATION:

NAME OF PARENT: _____ HOME #: _____

EMAIL ADDRESS: _____ CELL #: _____

Physical Address: _____ City/State/Zip _____

Last Four SS #: _____ Verified: Please if applicable: I am not the natural parent, but can prove legal guardianship: _____

NAME OF PARENT: _____ HOME #: _____

EMAIL ADDRESS: _____ CELL #: _____

Physical Address: _____ City/State/Zip _____

Last Four SS #: _____ Verified: Please if applicable: I am not the natural parent, but can prove legal guardianship: _____

HOUSEHOLD STATUS: (PLEASE) SINGLE _____ MARRIED _____ SEPARATED _____ DIVORCED _____

Please note: *If legally married, yet separated, please provide proof of separate residences (ex: court document, utility bill, etc.)*

PLEASE LIST ALL HOUSEHOLD MEMBERS HERE:

NAME (First, MI, Last): _____

AGE: _____ SOC.SEC. (LAST FOUR #'S): _____ OR USCIS/GREEN CARD ID: _____

NAME (First, MI, Last): _____

AGE: _____ SOC.SEC. (LAST FOUR #'S): _____ OR USCIS/GREEN CARD ID: _____

NAME (First, MI, Last): _____

AGE: _____ SOC.SEC. (LAST FOUR #'S): _____ OR USCIS/GREEN CARD ID: _____

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NAME (First, MI, Last): _____

AGE: _____ SOC.SEC. (LAST FOUR #'S): _____ OR USCIS/GREEN CARD ID: _____

NAME (First, MI, Last): _____

AGE: _____ SOC.SEC. (LAST FOUR #'S): _____ OR USCIS/GREEN CARD ID: _____

STAFF USE ONLY

SS Verified _____

BC. VERIFIED _____

SS Verified _____

BC VERIFIED _____

All Current Household Income Sources (check all that apply): Employment _____ SNAP _____ TANF _____ SSI _____

Other: _____ (Specify) **GROSS MONTHLY INCOME:** \$ _____ **HOUSEHOLD SIZE:** _____

In signing this application below, I certify that all of the above information is true and correct to the best of my knowledge, and that all household income is being disclosed here. I understand that the information on this application will be used solely for the determination of the Free or Reduced Fee for Bernalillo County's Parks & Recreation Programs. *(I also understand that proof of income must be supplied with this application.)*

Parent/Legal Guardian Signature

Today's Date

TO BE COMPLETED BY STAFF ONLY:

		YOUTH BASKETBALL LEAGUE			
PARTICIPANT(S)' FIRST NAMES <small>(Please separate names w / commas)</small>		SEASON (Check One)		COST Per Individual	
		SUMMER	FALL/WINTER	Check Off	
1				\$ 105.00	
2				\$ 105.00	
3				\$ 105.00	
4				\$ 105.00	
5				\$ 105.00	
6				\$ 105.00	

PRE-APPROVED FOR: <small>(CHECK ONE)</small> REDUCED (50% OFF) <input type="checkbox"/> FREE <input type="checkbox"/>	<b style="color: red;">RecCenter Receipt #'s 	GRAND TOTAL: \$ _____ TOTAL COST TO APPLICANT: \$ _____ TOTAL COST TO COUNTY: \$ _____
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BASIC PRGM COST	X 2	X 3	X 4	X 5	X 6
\$ 105.00	\$ 210.00	\$ 315.00	\$ 420.00	\$ 525.00	\$ 630.00

Circle One: *(or both, if applicable)* SNAP / TANF · **WRITE-IN END DATE FOR CERTIFICATION:** _____

IF APPROVAL IS BASED ON EARNINGS, INCLUDE: FAMILY SIZE _____ MONTHLY INCOME: \$ _____ (Check if appl.) SSI: __ SS: __

PROCESSOR'S (Printed) NAME: _____ INITIALS: _____ DATE: _____

CENTER/SECTION MGR.'S SIGNATURE: _____ DATE: _____

F & R AUDITOR COMPLETES: APPROVED FOR: FREE: ____ REDUCED: ____ DOES NOT QUALIFY: ____ EXPLANATION (IF DENIED): _____ See Attached: ____	Center: SPORTS Sheet: _____ Quarter: _____
AUDITOR'S NAME: RUTH SMITH rsmith@bernco.gov 314-0415 SIGNATURE: _____ DATE: _____	

DEPARTMENT DIRECTOR'S SIGNATURE: _____ DATE: _____
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