



West Babylon Football League (WBFL), Inc. - "Hardship Application"

Date:	
Parent/Guardian Name:	
Phone Number:	
Address:	
eMail Address:	
Child's Name:	
Football/Cheerleading:	
How do you wish to be contacted?	<input type="checkbox"/> PHONE <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL
Reason for Hardship Request:	
Please Explain in detail:	

*** FOR LEAGUE USE ONLY ***

Board Member Review:	X	Date:
Approved/Denied:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied / Reason:	
Notes:		
Board Member Approval:	X	Date: