

Reduced Fees Request Form

Bloxwich Hockey Club

Bloxwich Hockey Club is committed to ensuring hockey remains accessible to all. Players who are experiencing financial difficulty may request reduced match fees. All information provided will be treated confidentially and reviewed by the Club Committee.

1. Player Details

Full name

Team

Email address

Phone number

2. Reason for Request

Please select the option(s) that apply to your current circumstances:

- ☐ Low family income / receiving income support
- ☐ Single parent (part-time working)
- ☐ State maternity pay as the only family income
- ☐ Unemployed
- ☐ Unpaid student
- ☐ Other

If other, please specify:

3. Brief Explanation (Optional but Helpful)

Please provide any additional information you feel comfortable sharing to support your request:

4. Requested Support

Please indicate the type of support you are requesting:

- ☐ Reduced fees
- ☐ Payment plan
- ☐ Other

If other, please specify:

5. Declaration

I confirm that the information provided is accurate to the best of my knowledge. I understand that this information will be kept confidential and used solely for the purpose of assessing my request.

Signature (type your full name)

Date