

# CALISTOGA RECREATION DEPARTMENT

## FEE WAIVER APPLICATION FORM

---

---

NAME OF APPLICANT \_\_\_\_\_

AGE \_\_\_\_\_ GRADE \_\_\_\_\_

NAME OF PARENT OR GUARDIAN \_\_\_\_\_  
(IF APPLICANT UNDER 18)

ADDRESS \_\_\_\_\_

DAY PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_

PROGRAM OR CLASS YOU ARE APPLYING FOR:

---

- I CAN PAY A PORTION OF THE ENROLLMENT FEE (CHECK ONE)
- 75%
- 50%
- 25%
- \$\_\_\_\_\_ (FILL IN DOLLAR AMOUNT)
- I CAN NOT PAY A PORTION OF THE ENROLLMENT FEE AT THIS TIME.

I have read and understand the attached Fee Waiver Agreement. I also understand that placement in a class under the Fee Waiver program is at the sole discretion of the Calistoga Recreation Department and is subject to availability.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

---

OFFICE USE ONLY

\_\_\_\_ APPROVED \_\_\_\_ DENIED \_\_\_\_ PLACED ON WAITING LIST

IF DENIED, EXPLANATION: