

CITY OF KENMORE Fee Waiver Request Moorlands Park Athletic Field

Send completed form via email to: nsawyer@kenmorewa.gov or via mail to: City of Kenmore Attn: Field Scheduler, 18120 68th Ave NE, Kenmore, WA 98028. (Fee Waiver Request should accompany Field Use Application)

Application Date:	For the Following Fi	eld Use Dates:	
Athletic League (Check one)			
NLLLNYSAGSSAC	Other (Name of League:		
Club or Team Name:			
Contact Name:	Posi	tion:	
By submitting this application, I afj	firm that the following informati	on is true. Signed:	
Email:			
Phone:			
Address:			
City, State Zip:			
Alternate Contact:			
Club or Team Participation (All blo	inks must be completed to be co	nsidered.)	
Total number of current active participants			
Number of participants who are City of Kenmore residents			
Percentage of Kenmore residents (number of Kenmore residents divided by total number of participants)			
Number of participants offered need-based waiver of 100% membership fees			
Percentage of waiver participants (number of waiver participants divided by total participants)			
I have attached a club membership roster including name, address and age of current participants.			
Threshold: At least 20% of participants must receive scholarships in order to be eligible for reduced field fees.			
Maximum fee reduction available:	50% of standard rate.	Questions? Cal	l 425-398-8900
For City Use Only Below This Line			
Reviewed By:			
Date Reviewed:			
Application is Complete: Yes No Date Applicant Notified:			
Standard (Unreduced) Hourly Fee:			
Available Reduction: (Hourly Fee Times Percentage of Waiver Participants):			
Action - Approved Hourly Fee:			
Approved By:			
Date of Action:			
Date Distributed To: Fir	ance Department-Billing	Field Scheduler	Park Operations