



METHOW VALLEY NORDIC

REQUEST FOR FINANCIAL ASSISTANCE

2009-10 SEASON

Participant's Name(s): _____ Birthdate _____

_____ Birthdate _____

_____ Birthdate _____

Parent/Guardian Name(s): _____

Address: _____

Email address(es): _____

How much of the MVNT Registration Fee do you feel you are able to pay?

(Comp = \$600 J3= \$320 J4-7=\$105)

How much of the equipment rental fee are you able to pay?

(J3=\$150-250 J4-7= \$110-150)

What other winter activities/sports will your child(ren) be participating in?

What is it about the MV Nordic Team that you particularly value?

Please use this space to explain any unusual circumstances that affect your family's ability to pay or participate in the MVNT:

Please submit this form to: MVNT PO Box 1063 Winthrop, WA 98862
or leave in the MVNT drop box at Winthrop Veterinary Services