



September 16, 2016

Dear Parents and Guardians:

We are happy to announce that *GOAL* has funds available for East Troy and Mukwonago athletes who need help off-setting registration costs associated with participating in various sports. The core philosophy of *GOAL*, which stands for *Give Options .2 Athletes .4 Life*, is that athletics teaches youth many valuable life lessons. We want to help eliminate barriers of participation due to financial limitations.

Email Katey Collins at goalofeastroy@gmail.com, or mail in the application to: N7269 Colbo Rd Burlington, WI 53105. **Please allow at least two weeks to process your application.** The board of directors will review each application. The criteria are:

- 1) Athlete is 21 years old or younger
- 2) Athlete lives in and/or attends the East Troy or Mukwonago Schools
- 3) The application must be completed in full and signed by a parent or guardian

Donated funds will be made payable directly to the program/school. **Each applicant is required to pay 5% of the registration fee.**

Our board of directors and community support are instrumental in carrying out the mission of *GOAL*. The current board of directors include: Kim Pluess, Sara Otto, Alisa Aleckson, Jaime Faust, Clay Iverson, Rocco Perugini, Amber Larson, Cameron Otto and Katey Collins.

Sincerely,

Katey Collins, MSW, APSW

GOAL Founder and Executive Director

262-749-8687, <https://www.facebook.com/Goaletmuk/>

<http://goalofeastroy.weebly.com/>

GOAL Athletic Registration Fee Assistance APPLICATION 2016

Criteria

- 21 years and under, parent/guardian must sign and complete application
- student must attend or live in East Troy or Mukwonago School District
- **family pays 5% of the registration fee, form must be completed in full**

Athlete's First Name	Last Name	
Entity name and address check should be made payable to if approved		
Athlete's Age	School Athlete Attends	
Athlete Address		
City	State	Zip
Parent/Guardian's Name		
Parent/Guardian's Email		Parent/Guardian Phone
Amount of registration fee requesting \$		
What is the total registration cost? You are expected to pay at least 5% of the fee		
Date requesting Funds Registration deadline		
What sport are you requesting registration fee assistance for?		
What is the start and end date of this sport?		
Will you be able to participate in this activity if you do not receive financial assistance from GOAL? (circle one) Yes No		
Are you in any other sports?		If so please list
I attest that our financial situation warrants a need for assistance. Parent signature		

Please share the financial reason you are requesting assistance (this will remain confidential.)

Why do you want to participate in this sport?

If approved the fee will be paid directly to the program *RETURN FORM TO KATEY COLLINS:
goalofeastroy@gmail.com, 262-749-8687

The East Troy School District is not affiliated nor provides financial support for this activity/promotion.