



# PHILADELPHIA PARKS & RECREATION

## PROGRAM FEE WAIVER REQUEST

Program Name: \_\_\_\_\_ Season/Year: \_\_\_\_\_

Amount Requested to be Waived (Please select one):

\_\_\_\_\_ Full (100% of program cost)      \_\_\_\_\_ Half (50% of program cost)

### PARTICIPANT INFORMATION:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address (if different from participant's): \_\_\_\_\_  
\_\_\_\_\_

### BASIS OF YOUR REQUEST

Please share any information in support of your request for the Fee Waiver, please enter it below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
**For PPR Use Only** - Submission Date: \_\_\_\_\_ PPR Staff Signature: \_\_\_\_\_

**Reason (if not approved):**  
\_\_\_\_\_