



I/We, as the Parent or Legal Guardian of the player(s) named above, attest to the truth for the above information to the best of My/Our knowledge.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

**FOR CFLL-NORTH USE ONLY**

Date Reviewed:

<input type="checkbox"/> <b>Full Scholarship Granted</b> Amount: \$	<input type="checkbox"/> <b>Partial Scholarship Granted</b> Amount: \$	<input type="checkbox"/> <b>Request Denied</b> Contact <a href="mailto:president@cfl-north.com">president@cfl-north.com</a>
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