



HERNDON PARKS & RECREATION DEPARTMENT
FEE WAIVER REQUEST

Name of Participant _____ Age _____

Head of Household _____

Address _____
Street City State Zip

Phone (Home) _____ (Work) _____

This authorizes that the above applicant qualifies for a recreation fee waiver by the Town of Herndon and is eligible to participate in the Recreation Scholarship Program if an individual who participates in one of the following federal, low-income programs may qualify:

(Check applicable category)

EBT _____ WIC _____ Free Lunch _____

FAMIS _____ Reduced Lunch _____

Current identification card for one of the above must be presented in person along with picture ID, and a copy will be attached to this request form.

Received and Approved By:

Town of Herndon

Date

CLASS REGISTRATION

	Class Number	Class Title	Class Fee
First Choice			
Second Choice			
Third Choice			

Payment for class shall be provided as follows:

Town of Herndon	_____ %	\$ _____
Recreation Scholarship Program	_____ %	\$ _____
Participant	_____ %	\$ _____