

CNY Mountain Bike Team, Inc.

2025 Financial Assistance Form

Name of Rider: _____ **Age of Rider:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Parent(s) / Guardian(s): _____

Contact Phone: _____ **Contact Email Address:** _____

Annual Household income: _____ **Size of Household (# of people):** _____

Employer(s): _____

Please describe any special circumstances or hardships affecting the household's financials or any other information you would like the board to consider in reviewing the application.

What other assistance programs, if any, do members of your household qualify for and participate in? _____

By signing below, I certify all information is true and correct to the best of my knowledge.

Signature of Applicant

Date Signed