



**North Attleborough High School**  
**Athletic Department**  
**1 Wilson W. Whitty Way**  
**North Attleboro, Massachusetts 02760**

\_\_\_\_\_  
**Kurt Kummer**  
**Athletic Director**

508-643-2129 (phone)

508-643-2173(fax)

**Request for Activity User Fee Waiver**

**Date:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

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

\_\_\_\_\_

**Activity:** \_\_\_\_\_

**Reason for Waiver:** \_\_\_\_\_

\_\_\_\_\_  
**Administrator's Signature**