

LET THE KIDS PLAY  
300 Garden Of The Gods Suite 200  
Colorado Springs, Colorado 80907  
[letthekidsplay@yahoo.com](mailto:letthekidsplay@yahoo.com)  
Office 719-571-9687  
Fax 719-593-7100

Name of kid \_\_\_\_\_ Shirt Size \_\_\_\_\_

Address \_\_\_\_\_

Phone number(s) and email address \_\_\_\_\_  
\_\_\_\_\_

Signature of person submitting request \_\_\_\_\_

Printed signature of person submitting request \_\_\_\_\_

Kid's Grade \_\_\_\_\_ Kid's School \_\_\_\_\_

Amount of youth sport fee (if applicable) \_\_\_\_\_

Organization requiring fee \_\_\_\_\_

Reason for fee and when needed \_\_\_\_\_

Name of youth sport program \_\_\_\_\_

Kind of equipment needed and size(s) \_\_\_\_\_

Is this equipment required \_\_\_\_\_

Previous year earnings as listed on IRS return \_\_\_\_\_

Current year earnings \_\_\_\_\_

Number of dependents in household (including yourself) \_\_\_\_\_

**Please return application to the Let The Kids Play Organization listed above.. You will receive a response by April 11th. Please be advised Let The Kids Play may request verification of income to complete process. Fees and equipment will be supplied if applicant's request falls within guidelines of organization.**

**Please visit our website by putting [ltkp.org](http://ltkp.org) in the address bar**