

High Trek Adventures Financial Assistance Request Form



I, _____, am requesting financial assistance in the form of a discount of 35% off the retail price of our purchase. I understand that in order to qualify, I must have a dependent that is enrolled in the free or reduced lunch program and that we meet this requirement.

Preferred Details About Your Visit

Activity or Activities Desired: _____

Activity Date: _____

Start Time: _____

Number of Participants: _____

Email to send financial assistance quotation: _____

I have completed the digital waiver at www.hightrekeverett.com for myself and my dependents:

I attest that we meet the requirements of the High Trek Adventures Financial Assistance Program

Print Name

Signature

Date