

Greenhaven Soccer Club Financial Assistance Request

Player Name(s) _____

Age Group(s)/Gender _____

Parent/Guardian Name _____

Address _____

Phone _____

Email _____

Total # of Children registering for GHSC: _____

Age of Children: _____

Statement of Financial Need:

How much of the registration fee can be paid? _____

Optional: Request to pay full fees in monthly installments: 2 or 3 months _____

Note: fees must be paid in full before practice begins.

Required documentation: All required documentation must be current and submitted at the same time with this application to be considered.

Please check if you receive any of the following assistance:

Cash-Aide Cal-Fresh Reduced School Lunch

Additional information the Financial Assistance Committee should consider:

By signing below, I declare that the above information is truthful and accurate. I understand that GHSC can only offer assistance in the way of reduced registration fee and all other fees related to season's expenses (i.e. referee fees, trophy, etc.) are still my responsibility to pay.

Families receiving financial assistance are required to complete their volunteer hours for the club. If this obligation is not fulfilled, you will not be eligible for financial assistance in the future.

Parent/Guardian Signature _____ Date: _____