

Greenhaven Soccer Club Financial Assistance Request

Birthdate: _____ Program: Comp or Rec (Circle One)

Team _____

Player Name _____

Parent/Guardian Name _____

Address _____

Phone _____

Email _____

Player's School: _____

Total # of Children in Family: _____

Ages of Children: _____

How many Children Playing in Organized Sports: _____

Do any children play soccer for another club? Yes _____ No _____

If yes, what club? _____

Parent/Guardian Employment:

#1: Employer: _____

Occupation: _____

#2: Employer: _____

Occupation: _____

Statement of Financial Need:

How much of registration fee can be paid? _____

Please briefly describe reasons financial assistance is requested:

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.

Parent/Guardian Signature _____

Date _____

Please return this form & all other necessary financial documents to:

FAC@greenhavensoccer.com