

## Anthony Wayne United Soccer Club Financial Assistance Request

*You may attach a written note if you wish describing your reason for your request.*

*Please submit completed form to: awusoccer@gmail.com*

Date Submitted: \_\_\_\_\_

(List all Children Playing)

Player: \_\_\_\_\_ Team: \_\_\_\_\_ Fee: \_\_\_\_\_

Player: \_\_\_\_\_ Team: \_\_\_\_\_ Fee: \_\_\_\_\_

Player: \_\_\_\_\_ Team: \_\_\_\_\_ Fee: \_\_\_\_\_

Player: \_\_\_\_\_ Team: \_\_\_\_\_ Fee: \_\_\_\_\_

List Parent/Guardian Names Responsible for Fees:

1. \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

2. \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Total Assistance Requested \$: \_\_\_\_\_

Extended Payment Plan Requested: Yes or No

1. **X** \_\_\_\_\_ **X** \_\_\_\_\_

**(printed) parent(s) / guardian(s)**

2. **X** \_\_\_\_\_ **X** \_\_\_\_\_

**(signature) parent(s) / guardian(s)**

\_\_\_\_\_ **approved** / \_\_\_\_\_ **denied**

**X** \_\_\_\_\_

## **AWUSC Board Member & Date**