



PHILIPSTOWN SOCCER CLUB
REQUEST FOR FINANCIAL ASSISTANCE

PLAYER NAME _____ TEAM _____

REASON FOR REQUEST _____

IS THIS A ONE-TIME OR ONGOING REQUEST _____

HOW MUCH ARE YOU ABLE TO PROVIDE? _____

WOULD IT BE HELPFUL IF YOU WERE ABLE TO SPREAD OUT PAYMENTS OVER THE SEASON? _____

FOR NEW PLAYERS ONLY – WILL YOU NEED ASSISTANCE WITH THE \$100 UNIFORM FEE? _____

PARENT NAME _____

EMAIL _____

PARENT SIGNATURE _____

FOR SOCCER CLUB USE ONLY

REGISTRATION COMPLETED? _____ PAYMENT ADJUSTED? _____

PRESIDENT SIGNATURE _____