



Date: _____
 Player Name: _____ Birth date: ___/___/___ Gender: ___M ___F
 Team Age Group: _____ Coach's name: _____
 Parent/Guardian Name: _____
 Home Phone: (____) _____ Cell Phone: (____) _____ E-mail address _____
 Street: _____ City, State, Zip: _____

Please answer each of the following questions & attach copies of the requested documents:

_____ Initial here that you have read and understand the program requirements
 Please explain why an Extended Payment Plan and /or Parent Partner opportunities alone will not work to help you make full payment of club registration fees: _____

How many adults are supported by your total household income? _____ Children? _____
 What amount of the Club Registration Fees can you afford to pay? \$ _____
 Over what time period can you pay these fees? _____

If you are unable to volunteer for club organized events (as a requirement of the scholarship program), please state in detail, why you are unable to do so:

Please briefly explain the hardship:

Please provide any Statements of Special Circumstances on the other side of this page.

By signing this application I confirm that all statements in this application (including attachments) are true to the best of my knowledge. I understand that if my child is granted a scholarship, as a condition of the scholarship, I will be responsible for completing my volunteer requirements and will be asked to support my child in attending practices, games, and tournaments. I understand that if these items are not fulfilled the scholarship may be rescinded. If approved for a partial scholarship the club will offer an Extended Payment Plan to pay the remaining balance owed in club fees.

(Print Name) _____ Date: ___/___/___
 (Signature) _____