**AYSO REGION 69:**

**CONFIDENTIAL FINANCIAL ASSISTANCE APPLICATION**

*This form will be processed by the AYSO Region 69 Registrar. The information will only be shared with the*

 *Regional Commissioner, , who will approve or deny the request.*

Your Name: \_\_\_\_\_\_ Spouse’s Name:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Player(s) Name(s) and Age(s):

Why are you applying for financial assistance?

Are there other factors we should consider?

Are you able to volunteer this season for AYSO Region 69?:

In what capacity or position? \_\_\_\_\_\_\_\_\_\_

Would a payment plan be better for you? If so, how much and how often?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not, how much are you able to pay?

*I declare under penalty of perjury of the laws of the State of California that the foregoing is true and correct.*

Date: Signature:

Please email this application to registration69@aol.com. Subject: AYSO Financial Assistance Request.