



# WEST WARWICK SOCCER ASSOCIATION FINANCIAL ASSISTANCE APPLICATION



It is the policy of the West Warwick Soccer Association not to let financial means negate a child's desire to play soccer in West Warwick. The Association asks that a child's parent/guardian complete the information below for review and approval by the W.W.S.A Executive Board. All applications for assistance will be kept in the strictest confidence by the W.W.S.A Executive Board.

### Name of player(s) registering and date of birth:

Player 1: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Player 2: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Player 3: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_

### Type of financial assistance requesting (check one):

Full fee waiver: \_\_\_\_\_ amount of full fee \$ \_\_\_\_\_

Partial fee waiver: \_\_\_\_\_ amount of partial fee to be waived: \$ \_\_\_\_\_

Payment plan: \_\_\_\_\_ \$10.00 per child at registration, balance paid in up to  
3 installments by end of the season

If you are requesting a full or partial fee waiver, can you donate some of your time to assist in such areas as field setup, concession stand, etc? Yes \_\_\_\_\_ No \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_