

Player Name:		
Address:		
City, State, Zip:		
Parent(s) Name:		
Phone Number:		
Email Address:		
Coach Name		
Team:		
Parents - Comment on financial need in the space below:		
Derent Signature		Data
Parent Signature:		Date:
Assistance Committee Signature:		Date:
For Office Use O	nly – Amount	2enroll Credit
For Office Lice Only - E rest	cononce Cant	Desiniont List
For Office Use Only – E-mail R	esponse sent	Recipient List

Financial Assistance Application Directions:

- 1. Complete page one of application form.
- 2. Email application to <u>Rweller@ChaosFC.us</u>
- Applications received by June 1 will be notified by email regarding financial assistance before tryouts. Afterwards, applications will be accepted on a rolling basis through the year with notifications given on Aug. 10 and March 10 for applications received up to those dates.

Financial Assistance Notes:

- 1. Financial assistance will be public record. The team manager and treasurer will be aware so they can balance the team accounts.
- 2. The financial assistance will be applied <u>only</u> after the recipient has paid the initial deposit
- 3. All financial assistance will be credited to the club dues account.
- 4. Applicants will be required to volunteer time (i.e. Field open/close, help set up/tear down kick off BBQ or work at most Chaos Events).