



## AYSO Region 665 ~ Victorville, California Request for Financial Assistance for Fall Season 2008

Families requesting financial assistance must submit a formal request. All requests shall be submitted no less than fifteen (15) days prior to regular league play. The Region has only limited resources available for financial assistance and/or scholarships and will grant approved requests as funds become available.

\_\_\_\_\_  
Parent/guardian name

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Address, City, Zip Code

Indicate type of financial assistance requested:  Reduced registration fee \_\_\_\_\_  
Amount able to pay per player  
 Payment Plan

Names and divisions of players for whom financial assistance is requested:

Name	Division	Name	Division
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Briefly explain the reason for requesting financial assistance: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I understand that financial assistance is based on financial need and approved on a case-by-case basis. I understand my request will be reviewed and I may be required to furnish additional information. I understand that my request, if approved, will be acknowledged by the Region in writing, and that until that time the player's listed above are not considered registered for the season. I agree that all payments due by me to the Region will be paid in full by July 14, 2008 or my child(ren) may not be eligible for the player draft or placed on a team. I agree that the Region is under no obligation to contact me regarding non-receipt of payment and may refuse to process any registration associated with this request. All information on this form is confidential and will only be discussed between the parties involved (Player's parent/guardian, Regional Commissioner, Assistant Regional Commissioner, Child Volunteer Protection Advocate, Regional Registrar and/or Regional Treasurer.)

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

<b>Region Use Only</b>		Approved <input type="checkbox"/> Yes <input type="checkbox"/> No
Accepted by _____	Terms _____	
Additional information: _____		
Payment Date	Amount of Payment	Remaining Balance Due