

**2016 AYSO REGION 69:
CONFIDENTIAL FINANCIAL ASSISTANCE APPLICATION**

This form will be processed by AYSO Region 69 Registrar. This information will not be sold, shared or provided to anyone. Your player's financial assistance status is confidential. Region 69 requests a contribution of at least \$75 per player accompany this application to help with region fees and uniform costs unless otherwise arranged.

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? _____

How many volunteer hours will you commit to AYSO Region 69?: _____

In what capacity or position? _____

**PLEASE NOTE: FAILURE TO COMPLETE YOUR VOLUNTEER HOURS WILL RESULT IN
REVOCATION OF YOUR CHILD'S FINANCIAL ASSISTANCE**

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

If not, are you able to pay a portion of the fees? If so, how much? _____

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

Date: _____ Signature: _____

Please mail this application along with \$75 to: AYSO Region 69
150 S. Barrington Ave. #2
Los Angeles, CA 90049