

# CASTLEFORD ROVERS SOCCER CLUB FINANCIAL ASSISTANCE APPLICATION



Castleford Rovers Soccer Club grants financial assistance based on need and available funds. Please complete this application form so that we can fairly evaluate our various members' needs.

## PLAYER INFORMATION

PLAYER'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CURRENT SCHOOL: \_\_\_\_\_ SCHOOL NEXT FALL: \_\_\_\_\_

TEAM AGE GROUP, GENDER & NAME: \_\_\_\_\_

## PARENT / GUARDIAN INFORMATION

PARENT/GUARDIAN #1 NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PREFERRED PHONE (MOBILE, HOME, OR WORK): \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_ YEARS: \_\_\_\_\_

PARENT/GUARDIAN #2 NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PREFERRED PHONE (MOBILE, HOME, OR WORK): \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_ YEARS: \_\_\_\_\_

TOTAL FAMILY INCOME:

\$0 - \$50,000    \$50,000-\$100,000    \$100,000-\$150,000    \$150,000 - \$200,000    OVER \$200,000

**Please list any other children in your family who are registered with Castleford Rovers Soccer Club:**

PLAYER'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

TEAM AGE GROUP, GENDER & NAME: \_\_\_\_\_ COACH: \_\_\_\_\_

PLAYER'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

TEAM AGE GROUP, GENDER & NAME: \_\_\_\_\_ COACH: \_\_\_\_\_

