



# Amityville Soccer League

## Request for Financial Assistance

The Amityville Soccer League [ASL] consists of many dedicated volunteers and talented children. We believe in the motto that "no child will be turned away," regardless of family or financial circumstances. We realize that there are some very real and significant financial difficulties for some families in the community. Nevertheless, our organization is required to charge all participants registration fees in order to cover the various obligations that exist.

You have requested that the ASL postpone, modify or waive the registration fee(s) due for your child(ren). Please fill-in this form and it will be presented to the ASL Board for approval and you will be notified shortly. Please be realistic when choosing one of the following options and remember that "no child will be turned away."

(Pick One)

Delayed Payment    I will pay in full the balance [ \$\_\_\_\_\_ ] by [ \_\_\_ / \_\_\_ / \_\_\_ ]

Payment Plan        I will pay [ \$\_\_\_\_\_ ] every [ \$\_\_\_\_\_ ] until I am paid in full

Hardship                I cannot pay any or I can only pay [ \$\_\_\_\_\_ ] of the full registration fee and the reason is:

\_\_\_\_\_

\_\_\_\_\_

**PLEASE NOTE: all information on this form will be kept confidential.**  
 Whatever you do, please DO NOT give us a check unless there are sufficient funds to cover it. Bounced check fees will be added to outstanding balance. This request applies only for the current season.

Name of Player(s): \_\_\_\_\_

Age Level / Team: \_\_\_\_\_

Print Your Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

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

Official Use Only			
Appr By:		Date:	