

Faribault Soccer Association

Request for Financial Assistance

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Player Name: _____

Please explain why you should be considered for financial assistance:

The most Financial Assistance granted is 50% of the registration fee.

It must be paid in **Full** by April 1. All information is kept confidential. Only the executive board will know who is approved.

Signature of parent or Legal guardian _____

print and send to:
Mike Ross (president)
1101 Wellington Crescent
Faribault, MN 55021