

Salem Youth Soccer Payment Plan/Financial Assistance Request Form

Name: _____

Address: _____

Best contact number: _____

Best time to reach you: _____

Player(s) Name(s): _____

Player(s) Age Group(s): _____

Type of Assistance Requested:

_____ Payment Plan (able to pay entire fee over time)

_____ Partial Fee Assistance (able to pay some of the fee but not all)

_____ Full Fee Assistance (unable to pay any portion of the fee)

Please describe your financial circumstances that necessitate this request. (Please note information is kept confidential and only shared with decision making parties):

Are you available to volunteer your time in some capacity? (coaching, work at the concession stand, line fields, etc)

_____ Yes _____ No

If yes, please provide availability and areas you are able to volunteer:
