

Naugatuck Youth Soccer Financial Assistance Form

Player's Full Name: _____

Season: _____ Age Group: _____

Parent's Name: _____

Parent's Contact Phone or Email: _____

Request Date: _____ Amount needed for assistance: _____

Amount you are willing to pay for the season: _____

Will you be willing to volunteer time to NYS during this season? _____ Yes _____ No

Reason for Financial Assistance: _____

(Attached documents if needed)

For NYS Use Only:

Received by: _____

Board Approval Date: _____ Acceptance sent to Parent: _____

Board Approved Amounts: _____

Original: Treasurer

Copy: Registrar (attached to current registration)