



Northshore Youth Soccer Association

Reduced Fee Application for FC Alliance Players

PLAYER(S) NAME	BIRTHDATE

List all current NYSA/FCA players from this family: _____

Please submit the following paperwork to request a reduced registration fee:

1. This completed application
2. \$20 minimum payment
3. A copy of one of the qualifying documents* listed below:

- Free school lunch program • Aid for Dependant Children • Food Stamp Program
- Welfare coupons • Childcare assistance • Medicaid

*If you meet government low-income standards, but do not participate in any of the above listed programs, please submit proof of income (last year's IRS form 1040).

Amount you are able to pay per player _____ (\$20 minimum per player)

PARENT/GUARDIAN NAME		
ADDRESS	CITY	ZIP
HOME PHONE	WORK PHONE	EMAIL
PARENT/GUARDIAN SIGNATURE		DATE

Note: Families requesting scholarship are encouraged to provide volunteer efforts for the team and club.

For Club Use Only

Documentation Reviewed:

- ____ Qualifying Documents Submitted
 ____ Income Tax Returns
 ____ Date Received Denied
 Approved

Club Recommendation: ____ Approved ____ Denied

- Club President _____
 Club Registrar _____
 Club _____
 Date _____
 Parents notified on _____

Comments: _____

Questions? Please contact registrar@fcalliance.net