



*** CONFIDENTIAL ***

**Oak Park River Forest Strikers Soccer Club
FINANCIAL ASSISTANCE REQUEST for 2009-2010**

Player's Name _____

Team: Boys Girls Under - _____ Team

Request for reduction in fees (please check one):

____ 25% reduction in fees (the "normal" award – requires signatures of player's parent/guardian and Strikers Treasurer)

____ Other reduction in fees (requires additional consent of Strikers President)

____ Free Uniform (requires additional consent of Strikers President)

Separately, please read and initial the following 3 points to assure your understanding:

____ I have provided a copy of my family's tax return (most current year) which is required for consideration of any financial assistance.

____ I acknowledge that applying for financial assistance does not guarantee a monetary award.

____ I agree to assist with Strikers annual Whirled Cup fundraiser unless I have a significant conflict.

Brief statement why request should be granted: _____

Check one: I am applying for Oak Park or River Forest Youth Services funds and have already contacted the Striker's administrator (708/771-5269 or office@opfstrikers.com) to get and complete the required forms.

I am not eligible for Youth Services funds / I do not reside in Oak Park or River Forest (but affirm that I have reviewed Youth Services criteria)

Parent/Guardian name (print): _____ Phone:() _____ - _____

Parent/Guardian email address (print) _____

Parent/Guardian Signature: _____ Date: _____

Strikers Treasurer's Signature: _____ Date: _____

Strikers President's Signature (if needed): _____ Date: _____