

BEACH FC APPLICATION FOR WAIVER OF FEES

(Please type or print)

All information submitted and any financial assistance granted will be kept strictly confidential by BEACH FC

PURPOSE: This form is to be used by families in need of immediate financial assistance with fees. Families requiring recurring needs for waiver of fees should consider fund raising opportunities available within the club.

Players Name: _____ Home Phone: _____
Parents Name: _____ Work Phone: _____
Address: _____ Cell Phone: _____
City, State/Zip: _____ Email Address: _____

Team Name: _____ Coach: _____
Age Group: _____ Team Manager: _____

Number of seasons played with Beach FC: _____ Number of seasons financial assistance has been received: _____

Number of children playing for Beach FC and their ages: _____

Father Employed (circle one): _____ Part Time / Full Time _____ Father's Annual Income: \$ _____

Mother Employed (circle one): _____ Part Time / Full Time _____ Mother's Annual Income: \$ _____

Please attach the latest State Tax Form 1040 for all working parents/guardians

Provide a brief description of you financial situation and list why you are requesting financial assistance (please use other side if you need additional space):

List specific Beach FC volunteer activities you have supported in the past (Field Marshal, Site Coordinator, etc..)

I would be grateful to receive any assistance, up to the following level: \$ _____

I certify that the information in this request is true and accurate to the best of my knowledge:

Signature of Parent / Guardian

Date

Submit this form to:
Beach FC
3200 Dam Neck Rd, Suite 104
Virginia Beach, VA 23453

Approved: Yes / No _____ Amount: _____