



Buffalo Soccer Club
 403 Main Street, Suite #200, Buffalo, New York 14203
 (716) 408-8738
 calvert@algonquinsports.org (email)
 www.BuffaloSoccerClub.org (website)



Financial Assistance Request

(Please print **legibly** and fill in **every** blank)

Family's Last Name: _____
 Street Address: _____ City: _____ Zip Code: _____
 Phone: _____ Alternate Phone: _____
 E-Mail (please provide, all info communicated directly to you): _____

Child #1	
Child's Name: _____	Program Cost: _____
<input type="checkbox"/> Needs help with soccer shoes, size _____	<input type="checkbox"/> Needs help with shin guards <input type="checkbox"/> Has uniform (-\$20)
Volunteer Dates: _____	
Child #2	
Child's Name: _____	Program Cost: _____
<input type="checkbox"/> Needs help with soccer shoes, size _____	<input type="checkbox"/> Needs help with shin guards <input type="checkbox"/> Has uniform (-\$20)
Volunteer Dates: _____	
Child #3	
Child's Name: _____	Program Cost: _____
<input type="checkbox"/> Needs help with soccer shoes, size _____	<input type="checkbox"/> Needs help with shin guards <input type="checkbox"/> Has uniform (-\$20)
Volunteer Dates: _____	
Child #4	
Child's Name: _____	Program Cost: _____
<input type="checkbox"/> Needs help with soccer shoes, size _____	<input type="checkbox"/> Needs help with shin guards <input type="checkbox"/> Has uniform (-\$20)
Volunteer Dates: _____	

Total Program Cost: _____

Family Contribution: _____

Algonquin Sports Contribution: _____

Volunteer for Dollars

I am willing to volunteer to help offset some of the financial assistance being given (Check all that apply)

- Coach Administrator/Registration
 Uniform Distribution General Volunteer

* Those individuals receiving financial assistance that already have a uniform should wear the previous uniform, as long as it still fits. Every uniform saved is one more child who gets to play. Thanks!

Please sign and date your financial aid request form before submitting it to Buffalo Soccer Club. By signing this form you are simply indicating that you are aware of the total costs associated with participation and you are making a financial contribution as a family that represents the greatest amount you are capable at this time.

Parent/Guardian Signature: _____ **Date:** _____