



**Buffalo Soccer Club**  
 403 Main Street, Suite #200, Buffalo, New York 14203  
 (716) 408-8738  
[garigen@algonquinsports.org](mailto:garigen@algonquinsports.org) (email)  
[www.BuffaloSoccerClub.org](http://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): \_\_\_\_\_

|  |
|--|
| <p><b>Child #1</b><br/>           Child's Name: _____ Program Cost: _____<br/> <input type="checkbox"/> Needs help with soccer shoes    <input type="checkbox"/> Needs help with shin guards</p> |
| <p><b>Child #2</b><br/>           Child's Name: _____ Program Cost: _____<br/> <input type="checkbox"/> Needs help with soccer shoes    <input type="checkbox"/> Needs help with shin guards</p> |
| <p><b>Child #3</b><br/>           Child's Name: _____ Program Cost: _____<br/> <input type="checkbox"/> Needs help with soccer shoes    <input type="checkbox"/> Needs help with shin guards</p> |
| <p><b>Child #4</b><br/>           Child's Name: _____ Program Cost: _____<br/> <input type="checkbox"/> Needs help with soccer shoes    <input type="checkbox"/> Needs help with shin guards</p> |

**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)

- |  |  |
|--|--|
| <input type="checkbox"/> Coach         | <input type="checkbox"/> Administrator     |
| <input type="checkbox"/> Field Marshal | <input type="checkbox"/> General Volunteer |

\* Those individuals receiving financial assistance that already have a uniform from last year please consider wearing the old uniform, as long as it still fits of course. 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: \_\_\_\_\_

