



Waterloo Minor Soccer Club
FEE ASSISTANCE FORM

CONFIDENTIAL INFORMATION

This form is to be completed and signed by a parent or guardian. Return this application and verification of income documents in a sealed envelope to the WMSC office. All information must be provided in order for this application to be considered. In the event the application is incomplete the application may be rejected.

PLAYER INFORMATION

Last Name: _____ First Name: _____
Gender: M / F D.O.B. (mm/dd/yyyy) ____/____/____

APPLICANT INFORMATION

Marital Status (circle): Married Single Divorced
Name: _____ Relationship: _____
Address: _____
City: _____ Postal Code: _____
Email: _____ Cell: _____

FINANCIAL INFORMATION

Annual Family Gross Income from ALL sources: \$_____ Number of Persons in Family: _____

Please list Spouse and/or eligible dependants who reside in the household

Last Name	First Name	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please Note: Family consists of all people who live in the same dwelling and are related to each other by blood, marriage, common-law, or adoption. Supporting documents (Notice of Assessment, Family Tax Credit, and utility bill as proof of residency) must be submitted with application

I agree that the above information and all the attached information supplied with this application is true and correct. Any false information will result in your application being rejected:

Applicant Signature _____ Date (mm/dd/yyyy) ____/____/____

FOR OFFICE USE ONLY

Fee Assistance _____% Date _____
Approved by _____ Signature _____