



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 the 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 \_\_\_\_\_