ST. CROIX SOCCER CLUB 2010 REGISTRATION

Due to SCSC Board by: 12/1/2009 *(No applications accepted after this date)*

APPLICATION TO REDUCE CLUB REGISTRATION FEES – 2010 SUMMER

Player's Name:_____ Date of Birth:_____ Gender: M F
First Middle Initial Last

2010 Age Level: U_____ Player's Summer 2009 team (club, age, level):_____

Address:_____ City:_____ St:_____ Zip:_____

Home phone:_____ E-mail :_____

Father's Name:_____ Work phone:_____ Cell phone:_____

Mother's Name:_____ Work phone:_____ Cell phone:_____

Level of Fee Reduction: **25% of fees _____**

50% of fees _____

Please describe the circumstances that make it difficult to pay the club fees in full. *(If a fee reduction greater than 50% is necessary for your player to participate, please attach a second sheet with more detail, suggesting the contribution you could make and a payment schedule for doing so.)* PLEASE NOTE: Fee Assistance is not available to everyone and is not applicable to Team Fees including coaching fees and additional expenses for tournaments or uniforms etc. *RECIEPIENTS WILL BE NOTIFIED BY January 15th.*

Parent Signature:_____ Date:_____

SCSC Board Approval

_____Approved _____Denied _____

Authorized Signature

Send this form to: St. Croix Club, P.O. Box 181, Stillwater, MN 55082