



1. **Player's Name:**
2. **Player's birthday:**
3. **Has Player participated in AYSO before: YES / NO Year:**
4. **Parent / Guardian:**
5. **Phone:** **Phone:**
6. **Player's school:**
7. **Reason why your child should be considered for a scholarship:**

8. **Is your family currently receiving government financial aid?**
9. **Of the total registration fee, how much can you pay?**
10. **Parent/Guardian Signature:** **Date:**

Region Use:		
Approved: YES / NO	Division:	Amount:
Comments:		
Approved By:	Title:	
Signature:	Date:	

This form is for anyone that needs help to make sure their child can play soccer!

