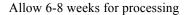
Eastside Youth Soccer Association Inc.

Request for Financial Assistance





Eastside Youth So Request for Financial		ion Inc.	E ASTSIDE			
Mail completed form to: Box 407, 8B - 3110 8 th St E Sa OR email completed form to: eysa.office@gmail.com	skatoon SK S7H 0W2		SOCGER			
Allow 6-8 weeks for processin	g PLEASE	PRINT CLEARLY				
Player name						
Parents name(s)						
Address						
City		Prov.	Postal Code			
Home Phone ()		Cell ()				
Parent email address						
Team Name		Coach				
Age Group		Div	Gender M / F			
confirm need – use back of for	m if more room is requi	ired.)				
Gross monthly income:	Number of people in household:					
Are you supported by Ki Previous season(s) Y or Funding amount require	·N	Services or Open Doo	or Society this season? Y or N			
3. Nature of expenses*? _	my fees, provincial/nationa		to 1(one) tournament. **coaches' gifts,			
Date						
	Signature of Applicant					
Please note: Payment will be mailed directly to team Manager name: manager. We will contact them						

manager. We will contact them to confirm amount and get a mailing address.	Manager email:				
Office Use: Approved by:	<u>Da</u>	te:	Approved an	nount:	
CH	HQ#	Date:		Init.	
					February 2017