SUNNYVALE ALLIANCE SOCCER CLUB
APPLICATION FOR FINANCIAL ASSISTANCE
SOCCER EXPENSES

Player's Name:_____

Player's Address: _____

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Team Name:_____ Class 1 or 3 Age Group _____

Coach or Manager's Name _____

Must be eligible through SASC Scholarship Program

Payment request – please <u>list below the amount</u> requested for each item. There is a seasonal limit of $150 per player; the reimbursement limit on cleats is $80 and $20 for shin guards.

_____ Request for Uniform and/or team bag or warm up payment – payment will be made to coach or team. Please attach documentation for expenses, receipt from SASC uniform coordinator for uniform reimbursement.

_____ Reimbursement for equipment purchases. Please attach receipts and note to whom payment should be made.

_____ Reimbursement for tournament fees and/or travel expenses. Payment will be made to the coach or team. Please attach documentation for tournament registration and roster.

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Name and Address of person to receive reimbursement:

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Parent or Coach/Manager Signature Date

SASC Approval:_____