

**CCV STARS YOUTH SPORTS FINANCIAL ASSISTANCE APPLICATION
(2010/2011 SEASON)**

Date Submitted: _____

Program: (please circle one)

**Excel
Soccer**

**United
Soccer**

**Flag
Football**

**Tackle
Football**

**Excel
Football**

**United
Hoops**

Spiritline

Player's Name: _____ Team: _____

Parent's Name: _____

Parent's Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

I/we hereby request financial assistance for the registration fees for the 2010/2011 season.

Registration Amount Amount of financial
Fee Amount: _____ you can pay: _____ assistance requested: _____

(Note: All families will be expected to pay some amount)

**As a condition of receiving support from STARS,
we will provide volunteer help to STARS when requested, up to 10 hours per child supported.**

Please explain reason(s) for the request:

We understand that this financial assistance is for the CCV registration fee only. Team fees such as tournaments, travel, uniforms, training, ect. are not included and need to be handled within the player's team.

Parent Name (pleased print)

Parent Signature

Office use only:

Program Director Signature: _____ Date: _____

Approved assistance amount: _____

Date of response to family: _____

Fax completed document to Shami Bowles at 623-376-0444 or email to shamibowles@ccvonline.com