



ERIN MILLS SOCCER CLUB FEE ASSISTANCE APPLICATION FORM

How to Apply: 1 - Contact EMSC office to reserve a spot in your Program - you will receive a confirmation
 Applicants must: 2 - Complete and sign the attached Fee Assistance Application form. Email the application, supporting documents and your program registration confirmation, to bm@erinmillsoccer.com marked as "Fee Assistance Application - Confidential"

APPLICANT (Main Contact) (or player information if player is 18 years of age or older)

Full name _____
 Address _____
 City _____ Province _____ Postal code _____
 Phone 1 _____ Phone 2 _____ E-mail _____

SPOUSE / PARTNER (Only list if residing within household): Full name _____

PLAYER 1 - INFORMATION

Last Name: _____ First Name: _____ Date of Birth: dd-mm-yy _____
 Programs registered for: _____
 Season: Outdoor 20____ Indoor 20____ - _____ **TOTAL FEES:** _____

PLAYER 2 - INFORMATION

Last Name: _____ First Name: _____ Date of Birth: dd-mm-yy _____
 Programs registered for: _____
 Season: Outdoor 20____ Indoor 20____ - _____ **TOTAL FEES:** _____

PLAYER 3 - INFORMATION

Last Name: _____ First Name: _____ Date of Birth: dd-mm-yy _____
 Programs registered for: _____
 Season: Outdoor 20____ Indoor 20____ - _____ **TOTAL FEES:** _____

TOTAL NUMBER OF PERSONS IN FAMILY HOUSEHOLD: _____

<p>Proof of Income: Provide one for every family member 18 and over</p> <p><input type="checkbox"/> Current Notice of Assessment (Line 150)</p> <p><input type="checkbox"/> Ontario Disability Support Program (ODSP)</p> <p><input type="checkbox"/> Paystubs (Past 30 Calendar Days)</p>	<p>Total Family Income</p> <p>\$ _____</p>
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All information is collected for the sole purpose of EMSC's assessment of fee reductions. All information is kept private and confidential. The supporting documentation should be photocopies only as they will be destroyed once the assessment process is complete.

Parent signature _____ Date _____
 (or player signature if player is 18 years of age or older)

FOR OFFICE USE ONLY

Amount of fee reduction approved \$ _____ Approved by _____ Date _____
 Date received _____