

**AYSO REGION 605**  
**FINANCIAL AID REQUEST FORM**  
(One application per child)

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

List below other children you have playing for AYSO 605:

\_\_\_\_\_

Has family received financial aid in the past from AYSO Region 605?

\_\_\_\_\_

List below circumstances in support of this financial aid request:  
(Example, Unemployment, medical bills due to illness)

\_\_\_\_\_

Current Registration Fee You are able to pay: \_\_\_\_\_

Check the box of AYSO volunteer positions you are able to perform:

Coach

Assistant Coach

Referee

Field Lining

Team Parent

Mail form to: AYSO 605-P.O. Box 480565-Charlotte, NC 28269