

Chilliwack FC Soccer Fund Application

Applicant Information:					
Applicant Name:			Applicant Phone Number:		
Applicant Email:			Relation to Player:		
Player Information:					
Name:			Gender:	M	F
Birth Date:		Age:		Primary Phone:	
Mailing Address:			City:		
Province:		Postal Code:		Email:	
Funding Request:					
Registration Fees:	\$		Other:	\$	
Please provide details on what the funds will be used for if not registration fees:					
Has the applicant applied for or received funding from any of the following?					
Athletics for Kids:	Yes <input type="checkbox"/> No <input type="checkbox"/>		Date Applied:		
Requested Subsidy Amount:	\$		Have You Received Any Funding? If yes how much?	Yes <input type="checkbox"/> No <input type="checkbox"/> \$ _____	
Jumpstart:	Yes <input type="checkbox"/> No <input type="checkbox"/>		Date Applied:		
Requested Subsidy Amount:	\$		Have You Received Any Funding? If yes how much?	Yes <input type="checkbox"/> No <input type="checkbox"/> \$ _____	
KidSport:	Yes <input type="checkbox"/> No <input type="checkbox"/>		Date Applied:		
Requested Subsidy Amount:	\$		Have You Received Any Funding? If yes how much?	Yes <input type="checkbox"/> No <input type="checkbox"/> \$ _____	
Please provide names of sibling(s)/related family member(s) if requesting funding for more than one child:					
Guarantor: Please review application guidelines for information regarding guarantors					
Name:			Position:		
Organization:					
Mailing Address:			City:		
Province:		Postal Code		Phone:	
Email Address:					

I hereby certify that my application on behalf of the player in question, identifies that economic barriers do exist in their participation in Chilliwack FC and can verify that all the information given is correct and can be validated should it be requested.

Applicant Signature: _____

Date: _____