

Front Royal Soccer Association
Fee Waiver/Reduction Request Form

Fee Waiver/Reduction Form will be provided on a First-Come, funding, and space available basis.

I understand that to request this waiver, I must comply with the following:

- 1) My family must be in financial need, and paying the full registration fee would create a hardship.
- 2) I must submit a registration form by the registration deadline.

Late registrants will not be eligible for a fee waiver.

- 3) I must volunteer with FRSA. I understand that failure to do so may result in forfeiture of financial assistance in future seasons.
- 4) Player(s) will attend at least 80% of scheduled games.

Player's Name: _____

Player's Birthdate: _____ Player's Division: _____

Parent's or Legal Guardian's

Name(s): _____

Phone Number: (Home) _____ (Cell) _____

E-Mail Address: _____

Has your family received assistance with us before? _____

When? _____

Starting this year , we are requiring all Fee Assistance recipients to commit to volunteer hours to assist FRSA. There are a variety of opportunities throughout the season. PLEASE indicate below, How YOU would like to help. Failure to complete volunteer hours will result in no further assistance.

Concession Stand _____ Team Coach _____ Trash and Recycling Pick Up _____

Team Assistant Coach _____ Office Help _____ Fundraising _____

Start Up/End of the Year Closings _____

****UNIFORMS are NOT INCLUDED in the cost of Registration.**
Uniforms must be ordered separately by the parents or guardian's.
Uniforms must be ordered from NATIONAL MEDIA at 540-635-4181
or getspiritwearnow.com/product/frsa**

Type of waiver requested:

_____ FULL Registration Fee requested.

_____ Registration Fee Waiver - We ask that participants pay at least \$25.00 of the registration fee. If this is not possible, please write a brief explanation below.

_____ 50% Fee Waiver - I am able to pay half of the registration fee.

_____ Payment Plan - I can pay the full registration fee in 3 monthly installments.

The information you provide on this form will remain confidential.

Parent or Legal Guardian Signature: _____ Date: _____

FRSA USE ONLY:

Approved: _____ Not Approved: _____

Why? _____

Amount of Assistance: _____

Amount Family Paid: _____

Volunteer Hours Fulfilled from last season if Assistance was

Given: _____

Date Approved: _____

Board Member Approving: _____ Position: _____

Board Member Approving: _____ Position: _____