

Parent/Guardian Name:	
Phone: ()	
Email:	
Player Name and Date of Birth:	
	DOB:
	DOB:
Did you apply for Village99 support? YES	NO
If yes, were you approved? YES	NO, explain their response:
Support Amount Requested: (check one)	
o 25% CASSA club fee	o 75% CASSA club fee
 50% CASSA club fee 	 100% CASSA club fee
Have you received support from CASSA for	any player above in the past? YES NO
Please describe any hardship that may have	e led to this request.
Signature of Parent/Guardian	Date

Not all applications are guaranteed support.

This application must be submitted prior to the sign-up deadline to secure your child's registration in the program.

All information to be sent to CASSA via email at board@cassasoccer.com.