

**SUNNYVALE ALLIANCE SOCCER CLUB
REQUEST FOR FINANCIAL ASSISTANCE
FOR SOCCER EXPENSES**

Send completed form & receipts to: SASC PO Box 60711 Sunnyvale CA 94088

Player's Name: _____ Season: _____

Player's Address: _____

Team Name: _____ rec comp Age Group _____

Coach or Manager's Name & email: _____

Player must be eligible through SASC Scholarship Program- see details at www.sunnyvalesoccerclub.org

Reimbursement request – Please list the amount requested for each item. The maximum reimbursed per player per season is \$150.

_____ Reimbursement for Uniform and/or team bag and/or team warmup. One uniform allowed per calendar year. Please attach documentation for expenses, and/or receipt from SASC Uniform Coordinator for uniform reimbursement.

_____ Reimbursement for equipment purchases. Cleats will be reimbursed up to \$80 and shin guards up to \$20. Please attach receipts.

_____ Reimbursement for tournament fees and/or travel expenses. Please attach team tournament roster (or GoldenRod) which includes scholarship player, proof of tournament acceptance, tournament payment confirmation and/or receipt for travel expenses.

Name and Address of person to receive reimbursement check:

Parent or Coach or Manager Signature

Date

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