

LAKE CITIES SOCCER ASSOCIATION
REDUCED FEE or SCHOLARSHIP REQUEST

Date of Request: _____ / _____ / _____

Player's Name: _____

Parent's Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Birth Date of Player: _____ / _____ / _____

Age Group/Team: _____ / _____

I am able to pay _____ at this time.

Reason: _____

Parent's Signature / Date

LCSA Official's Signature / Date

LCSA OFFICE USE ONLY			
Date Paid: _____ / _____ / _____	Amount: _____	Method: _____	Check #: _____
Payment Received By: _____	Treasurer: _____		