

**SOUTH BAY SOCCER ASSOCIATION
APPLICATION FOR REDUCED FEE REGISTRATION**

Proof of qualification must be provided before application will be accepted

Participant Name: _____ Date: _____
Parent/Legal Guardian Name: _____
Address: _____
Cell # _____ Home # _____ Work # _____
Reason(s) for Request _____

QUALIFICATIONS

To qualify for a reduced fee the Parent/Legal Guardian/Child must be a participant of one of the following programs:

TANF – Temporary Assistance for Needy Families Case # _____

Proof of Participation: () Written Notice of Eligibility () Card

CalWorks AFDC – Aid to Families with Dependent Children

Proof of Participation: () Written Notice of Eligibility () Card

WIC – Women, Infants, and Children Program

Proof of Participation: () WIC Check () Card () Written Notice of Eligibility

EBT – Electronic Benefit Transfer (Food Stamp Program)

Proof of Participation: () Golden State Advantage Card

Deployed Active Military Head of Household

Name: _____ Branch/Rank: _____

Medi-Cal/Cen Cal – Healthcare coverage for **parent** to qualify (child coverage not accepted)

Proof of Coverage: () Cen Cal Card () Benefits Identification Card

Signature of Parent/Legal Guardian Completing Form:

Signature

Print Name

LEAGUE USE ONLY

Date Received:

Application Number:

Proof Verified: