

OAKVILLE SOCCER CLUB FEE ASSISTANCE APPLICATION



CONFIDENTIAL INFORMATION

Note: Applicant must be a town of Oakville Resident. All fields of information must be completed.
Please note that submitting fraudulent or incomplete information will disqualify applicants from consideration for future fee assistance.

All fee assistance applications must be submitted in person at the Pine Glen Soccer Centre.

Section A: Applicant (Guardian or Self) Information – PLEASE PRINT CLEARLY

Mr. Ms. Mrs.

Last Name	
First Name	
Address & Postal Code	
Email	
Home Phone	
Work/Cell Phone	

Section B: Participant(s) Information

Last Name/ First Name	Date of Birth	Gender (M/F)	Program	Session

Section C: Annual Family Member & Household Income Information Please list Spouse and/or eligible dependants who reside in the household

Last Name	First Name	Date of Birth	Gender (M/F)

Number of Persons in Family _____ Gross Annual Household Income in Dollars _____

Please Note: Family consists of all people who live in the same dwelling and are related to each other by blood, marriage, common-law, or adoption. Supporting documents (Notice of Assessment, Family Tax Credit, and utility bill as proof of residency) must be submitted with application

I agree that the above information and all the attached information supplied with this application is true and correct. Any false information will result in your application being rejected:

Applicant Signature _____ Date _____

OFFICE USE ONLY:

Received By: _____ Date: _____

Fee Assistance %: _____ Signed: _____ Signed: _____