



Stoney Point Soccer Club

PLAYER SPONSORSHIP FUNDING APPLICATION

CONFIDENTIAL INFORMATION
Supporting documents may be requested with application

NOTE: Number of applicants approved per household may vary depending on available funding. Applicants must be a Town of Lakeshore or Surrounding Area resident. Complete all fields of application.

Section A: Applicant (Parent or Guardian or Individual) Information – *please print*

Last Name _____	First Name _____
Address _____	
Postal code _____	Email _____
Home Phone _____	Work/Cell Phone _____

Section B: Player(s) Information

Full Name:	DOB	Division
1. _____	____/____/____ DD MM YY	_____
2. _____	____/____/____ DD MM YY	_____
3. _____	____/____/____ DD MM YY	_____
4. _____	____/____/____ DD MM YY	_____

Section C: Annual Family Household Income Information

Number of Persons in Family _____ <i>Family consists of all people who live in the same dwelling and are related to each other by blood, marriage, common-law or adoption</i>
Gross Annual Household Income (previous year) \$ _____ <i>Supporting documents may be requested during the application process.</i>

I declare that the above application is accurate to the best of my knowledge. I understand that support documents such as proof of income may be requested at any time.

Applicant Signature _____ Date _____

OFFICE USE ONLY	Date:
Fee Deduction % _____	Division _____
Signed _____	Signed _____