

 <p>Southern Indiana United</p> <p>P. O. Box 3233 Clarksville, IN 47131-3233</p>	<p>Work-Play Grant Request Form</p>	 <p>FLOYD COUNTY YOUTH SOCCER</p> <p>P.O. Box 1481 New Albany, IN 47151</p>
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Date: _____

Current Season: Fall Spring

Division: Competitive Recreational Age Group: _____

Applicant Name (player): _____

Parent Name: _____

Address: _____

Phone: _____

E-mail: _____

Reason for Grant Request: _____

Times Available to Volunteer: _____

Parent Signature: _____

Confidentiality

Information above is for the sole purpose of helping the Grant Committee decide who the most needy individuals are for a particular season. These grant requests are strictly confidential and will not be shared with anyone other than the applicant's Team Manager, the Vice President of the applicable division and the Vice President-Finance of Southern Indiana United Soccer Club. Please return the completed form to the post office box above or give to the Team Manager. Recipients of grants (or parents of recipients) will be expected to volunteer their time in exchange for the grant (lining fields, refereeing games, helping with clinics, etc.).