



**Sacramento United Financial Assistance Contract for Parents and Players
receiving Financial Assistance 2012-2013**

WELCOME TO THE SACRAMENTO UNITED SOCCER CLUB. The Financial Assistance Program is a mutually beneficial partnership between Sacramento United Soccer Club, parents and players. By accepting this financial award you understand and agree to the following: *(please initial each paragraph)*

___ **Sac United Financial Assistance Program does not offer FULL scholarships.** You will be responsible for paying the portion of the annual Club dues not covered by Sac United Financial Assistance granted to your player/s.

___ **Membership dues and first month dues MUST** be paid at time of registration and before applying for financial assistance.

___ **Monthly payments to the Club are due by the 1st calendar day of the month** and are late by the 10th day of the month. If at any time you are not able to pay your portion of the monthly payment, you **MUST** inform the Club Treasurer and Financial Assistance Coordinator before the 15th calendar day of the month. Failure to timely inform the club may jeopardize the financial assistance awarded to your player/s.

___ **Team expenses are separate from the Club dues and are NOT covered by the financial assistance program offered by Sac United.** No one is exempt from paying team expenses and these must be paid to the team manager or team treasurer directly, not the Club. It is your responsibility to obtain information from your team manager about the team expenses and time of payment.

___ **Financial Aid recipients do not pay Volunteer Deposit; however, they are required to volunteer for 15 hours per season for the Club.** It is your responsibility to submit the CLUB HOUR TALLY SHEET tracking the 15 hours worked on Club events. Team managers are NOT responsible for tracking volunteer hours. The Club Tally Sheet must be turned in by December 1st to the Sac United Volunteer Coordinator, P.O. Box 221505, Sacramento, CA 95822, or at volunteers@sacunited.com Failure to work the required hours will affect future financial assistance.

___ **Financial Aid recipients and their families must always display a positive attitude** and serve as role model to others.

Please list all Sac United players and age group in your family:

Player Name	Age Group	Player Name	Age Group

Parent/Guardian Name: _____

Day Phone: _____ Evening Phone: _____

Email address: _____

I hereby agree to the Financial Assistance conditions set forth by the Sacramento United Soccer Club and understand that my failure to comply with such conditions may result in losing financial assistance and/or withholding of player/s pass/es.

Signature: _____ Date: _____