

DEL DAYO SOCCER CLUB SPONSORSHIP REQUEST FORM

A limited number of sponsorships are available to families from low-income families. These sponsorships may be used for district programs only.

Two eligibility criteria must be met:

The player must reside within the San Juan Unified School District, and
 The student's family must be receiving some form of public assistance (Cal Works, Kin GAP, CalFresh (Food Stamps), Free/Reduced Lunch Program, Unemployment Compensation, General Assistance, etc.).

The maximum sponsorship per youth (if approved) is **\$95.00**. It does not include a uniform or cleats. It will be applied towards Del Dayo Soccer Club Registration:

Phone #	Program	Address
206-4080	Del Dayo Soccer Club	1836 Suffolk Way, Carmichael, CA, 95608
Email: registrar@deldayosoccer.net		
If you believe you qualify for a sponsorship, please complete this form, sign, and attach the supporting documents and mail of email to the Del Dayo Registrar. If you have any questions, please contact the Del Dayo Registrar, <registrar@deldayosoccer.net>		

Player's Name _____ Home Phone Number _____

Address _____ City _____

School Attended **2014-2015** _____

Assistance Received (please check one)

- | | |
|--|--|
| <input type="checkbox"/> Cal Works | <input type="checkbox"/> Free/Reduced School Lunch |
| <input type="checkbox"/> Cal Fresh (Food Stamps) | <input type="checkbox"/> Unemployment Compensation |
| <input type="checkbox"/> General Assistance | <input type="checkbox"/> Other (please list) |
| <input type="checkbox"/> Kin GAP | |

I have read the above criteria and certify my daughter/son is eligible for the Student Sponsorship Program and that all information on this application is accurate.

Send by mail or Email this **signed form** and a **copy of one the programs** listed above.

Parent/Guardian's Signature _____ Date _____

***** For Office Use Only *****		
Date approved _____	Authorized by _____	Page No. _____