

ROCK SOCCER CLUB REDUCED FEE APPLICATION

Parent or guardian must fill out application for reduced fees for our soccer club based on the following income chart taken from the Federal School District reduced lunch program for 2010-11

FEDERAL INCOME CHART For School Year 2010-2011 Household size on left

	Yearly	Monthly	Twice/Month	Every2Wekks	Weekly
1	\$19,240	\$1,604	\$802	\$740	\$370
2	25,900	2,159	1,080	997	499
3	32,560	2,714	1,357	1,253	627
4	39,220	3,269	1,635	1,509	755
5	45,880	3,824	1,912	1,765	883
6	52,540	4,379	2,190	2,021	1,011
7	59,200	4,934	2,467	2,277	1,139
8	65,860	5,489	2,745	2,534	1,267

Player Name: _____

Parent/Guardian Names _____

Address: _____

Phone _____ Email: _____

Comments:

Circle number of household size on left and income amount based on your pay period. Please submit to Treasurer for approval. Information is only shared with Board.

By signing below I certify that the above information is being provided to Rock Soccer Club in an effort to secure reduced fees for the above named player. All information is true and accurate as of the date of my signature below.

_____ Signature _____ Date

****Note:** Reduced fees may be in exchange for volunteer hours & Rock Soccer Club reserves the right to request proof of income.