



Sioux River United Summer Soccer Discount Application

(Please Print)

Name _____ Social Security # _____
(First) (M. I.) (Last)

Address _____ City _____ St _____ ZIP _____

1. I am applying for a discount of Sioux River United (SRU) registration fees for my child _____, to be effective for the 2010 summer season. I understand that this application will be reviewed by the SRU executive officers and I agree to pay a minimum of \$50.00 toward the registration fee. I (or my family members) will volunteer an additional 8 hours of concession stand coverage during the April through October timeframe.

2. To determine my immediate family eligibility, I am stating that I qualify for the requested discount because:
 - A. I participate in the program(s) checked below; I agree to furnish proof of my participation to SRU:
 - _____ Medicaid (not the same as Medicare)
 - _____ Food Stamps
 - _____ Supplemental Security Income (SSI)
 - _____ Federal Public Housing Assistance
 - _____ Low-Income Home Energy Assistance
 - _____ Temporary Assistance for Needy Families (TANF)
 - _____ National School Lunch (NSL) free lunches

I CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE. I have read the information above and understand how I must qualify to receive the SRU registration discount. I also hereby authorize the administrative office for any program indicated above to verify my participation to SRU.

Signature

Date