



FINANCIAL AID REGISTRATION FORM

Team Name: _____ Age Group (circle one): 9U 10U 11U 12U

of players _____ # of coaches _____ League you represent _____

Primary Contact _____ Email _____

Address _____

City _____ State _____ Zip _____

Preferred Phone # _____ Secondary Phone # _____

Manager (if different from Primary Contact) _____

Email _____

Home Address _____

City _____ State _____ Zip _____

Preferred Phone # _____ Secondary Phone # _____

players with single parent _____

players with 1 unemployed parent _____ # of players with 2 unemployed parents _____

players' families receiving government assistance _____ (e.g., food stamps, ed. assistance, welfare)

families with total household income below \$35,000 _____

Instructions:

1. _____ Complete the Financial Aid Registration form in its entirety.
2. _____ Include an essay/story on why your team deserves to be considered for financial aid (may be written by a coach, parent or player).
3. _____ Mail, email or fax registration form and essay/story to:

Harry Clapp
American Legends Park
19111 Detroit Road, Suite 201
Rocky River, Ohio 44116
hclapp@legendspark.com
Fax: 888-676-0612