

# Davis AYSO Supplemental Registration Form

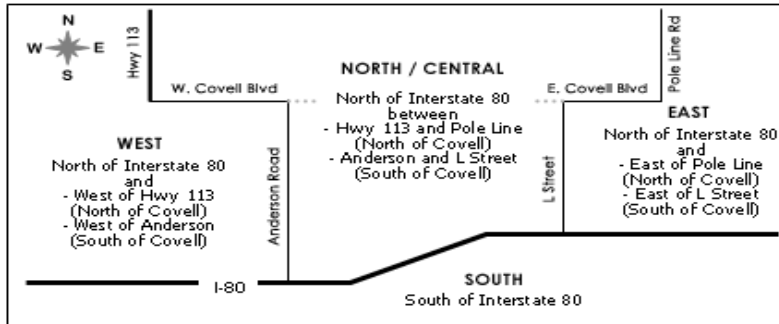
Spring      Fall  
 2010

Boy U\_\_\_\_  
 Girl W N E S

Player's Name: \_\_\_\_\_

Number of Siblings Playing: \_\_\_\_\_

**Circle the area you live in:**



Has your child played with AYSO before?    Yes    No

Do you need help paying the fee, either by a lower fee or spreading out payments over time?    Yes    No

**Fall Season: on July 31 of this year, how old will your child be?**

**Spring Season: on July 31 of last year how old was your child?**

If less than four...	If four...	If older than four...
Your child is too young to play in AYSO. <b>See you next year!</b>	<b>If your child is 4 and <u>not</u> entering Kindergarten, select</b> <input type="checkbox"/> U5 —“Jamborees” once a week, <u>midweek</u> ; child not assigned to a team, you choose day of week; U5 fee. <b>If your child is 4 and <u>is</u> entering Kindergarten, select</b> <input type="checkbox"/> U6 — Child assigned to a team and a coach; games on Saturdays. Normal fee.	Child will be assigned a division based on their age.  Continue to the section below.

Some parents may be able to add a tax-deductible donation to help children in need. If you are able to donate, please select a purpose:

\$ \_\_\_\_\_ to provide scholarships for players in need.

\$ \_\_\_\_\_ to the Lily Nisen Scholarship Fund for AYSO alumni who are planning to begin or continue college or another training program (100% goes to scholarships—no administration costs).

## F o r A Y S O U s e O n l y

Div: U\_\_\_\_

New player:    Birth cert    Passport    Will mail in   DOB: \_\_\_ / \_\_\_ / \_\_\_\_\_

**Payment Details:**

VIP – No Cost

**Fall:**    \$140 (Walk-in)    \$155 (Mail)    \$50 (U5 Walk-in)    \$55 (U5 Mail)

**Spring:**    \$50 (Walk-in)    \$55 (Mail)    \$30 (U5 Walk-in)    \$35 (U5 Mail)

Payment method:    Check   Amt: \$ \_\_\_\_\_   Check # \_\_\_\_\_

Payor: \_\_\_\_\_

Cash   Amt: \$ \_\_\_\_\_   Donation amt: \$ \_\_\_\_\_

Received by: \_\_\_\_\_   Date: \_\_\_ / \_\_\_ / \_\_\_

**Scholarship Details:**

Fee received: \$ \_\_\_\_\_

Payment in 30 days: \$ \_\_\_\_\_

Scholarship amt: \$ \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_