

Grafton Soccer Club Family Credit Request Form

Date: _____

Requestor Name: _____

Requestor Address: _____

Player's Name(s): _____

Team Name: _____ Team Treasurer: _____

Apply Family Credits to the following:

\$_____ Registration Fees

\$_____ Coaches Fees

\$_____ Uniform Charges (Select and Team Ozaukee Only)

\$_____ Tournament Fees (Select and Team Ozaukee Only)

Turn form into: Gift Card Coordinator, C/o Grafton Soccer Club, P.O. Box 353, Grafton WI, 53024

For office use only:

Has the Volunteer Obligation been met? ___ Yes ___ No _____
Signature of Board Member

Does this family have any Family Credits? ___ Yes ___ No _____
Signature of Board Member

Credits to be transferred for the above request: \$ _____

Signature of Board Member – Gift Card Chairperson