



Springfield Area Soccer Association

SASA Multiple Child Discount

Date of Request _____

Child 1

Player Name: _____ Date of Birth: _____
Birthyear: _____ Age/Gender (ex: U13G): _____

Child 2

Player Name: _____ Date of Birth: _____
Birthyear: _____ Age/Gender (ex: U13G): _____

Child 3

Player Name: _____ Date of Birth: _____
Birthyear: _____ Age/Gender (ex: U13G): _____

Child 4

Player Name: _____ Date of Birth: _____
Birthyear: _____ Age/Gender (ex: U13G): _____

Parent Name: _____

Home Address: _____

City, Zip: _____

Telephone: _____ Email Address: _____

SASA provides multiple child discounts to encourage our families to enter all of their children that would like to participate in our program. The discount applies to the child with the lowest annual dues. The discount is applied at the discretion of the SASA Board for competitive players.

Multiple Child Discounts are as follows:

1st child = no discount

2nd child = no discount

3rd child = 50% discount

4th child = 75% discount

5th child = TDB

Send completed form to the SASA Treasure at SASASPIRITSFINANCE@GMAIL.COM.

For office use only

Date Received: _____

Approved _____

Denied _____

Signature _____