



# HUGO BUSTAMANTE PLAYERSHIP FUND APPLICATION



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**PARENT/GUARDIAN INFORMATION:**

Parent/Guardian 1 Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Total Annual Household Income: \$ \_\_\_\_\_

**PLAYER INFORMATION:**

<i>Player Name</i>	<i>Date of Birth</i>	<i>AYSO ID</i>

By signing below, I affirm that all information provided herein is accurate and true. If approved for the player assistance fund, I agree to pay \$15 per player prior to the first season game.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Region use only:***

Approved:  Yes  No By: \_\_\_\_\_ RC \_\_\_\_\_ Registrar