



Brookings High School Soccer

Discount Application

(Please Print)

Name _____ Social Security # _____
(First) (M. I.) (Last)

Address _____ City _____ St _____ ZIP _____

1. I am applying for a discount of Brookings High School Soccer registration fees for my child _____, to be effective for the fall _____ (year) season. I understand that this application will be reviewed by the BHS Soccer Committee and I agree to pay \$50.00 toward the registration fee. In addition, I (or my family members) will volunteer a minimum of 8 hours during the soccer season.

2. To determine my immediate family eligibility, I am stating that I qualify for the requested discount because:
 - A. I participate in the program(s) checked below; I agree to furnish proof of my participation to BHS soccer:
 - _____ Medicaid (not the same as Medicare)
 - _____ Food Stamps
 - _____ Supplemental Security Income (SSI)
 - _____ Federal Public Housing Assistance
 - _____ Low-Income Home Energy Assistance
 - _____ Temporary Assistance for Needy Families (TANF)
 - _____ National School Lunch (NSL) free lunches

I CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE. I have read the information above and understand how I must qualify to receive the BHS registration discount. I also hereby authorize the administrative office for any program indicated above to verify my participation to the BHS Soccer Committee.

Signature Date

Submit this form with your registration packet to 1016 Hammond Drive, Brookings SD 57006.