



Springfield Area Soccer Association

Passion Pride Loyalty Unity

Date of request: _____

SASA WORK EXCHANGE for DUES

Player Name: _____ Date of Birth: _____

Birthyear: _____ Age/Gender (ex: U13G): _____

Parent Name: _____

Home Address: _____

City, Zip: _____

Telephone: _____ email address: _____

Occasionally and and the sole dissection of the SASA Board of Directors, there may be times when a parent provides services such as, but not limited to managing the concession stand, providing maintenance on items which are in need of repair, or mowing which result in the waiver of player dues.

Please provide an explanation of the type of services provided or duties completed which would warrant player dues being waived.

Send completed form to the SASA [Club Admin](mailto:1984.sasaca@gmail.com).1984.sasaca@gmail.com

(NOTE: By IRS rule we are required to report other wages that was agreed to be paid no matter if actual payment issued was lowed by any dues owed)

For office use only Date Received: _____

Approved _____ Denied _____ Signature _____

