

**TUALATIN HILLS UNITED SOCCER CLUB
REQUEST FOR PLAYER ACCOUNT FUNDS**

Player name: _____

Team: _____

Date of request: _____

Date funds are required (if any): _____

Amount requested: _____

Purpose(s) of disbursement – Please attach any document that will verify that your request complies with the stated policy of the soccer club for player accounts, i.e., an e-mail from your team manager requesting funds for tournament fees.

Signature of parent or guardian: _____

Date: _____