Parent/Guardian Name: _____
Phone: ( ) _____ -_____
Email: _____

Player Name and Date of Birth:

_____ DOB: _____
_____ DOB: _____
_____ DOB: _____

Support Amount Requested: (check one)

- ○ 25% MP club fee
- ○ 50% MP club fee
- ○ 75% MP club fee
- ○ 100% MP club fee

Have you received support from MP for any player above in the past? YES NO

Please describe any hardship that may have led to this request.

_____
_____
_____
_____

_____ _____
Signature of Parent/Guardian Date

Not all applications are guaranteed support.

This application must be submitted prior to the sign-up deadline to secure your child's registration in the program.

All information to be sent to MP via email at finance@westmichiganpremierfc.com.

Last modified 9.17.2025