

## ENROLLMENT APPLICATION

Name of Organization: Cincinnati United Soccer Club

Organization Street Address: 411 Circle Freeway Drive

Telephone: ( 507 ) 401 6946 Fax (        )                   

Organization's Email Address: CUKrogerprogram@gmail.com

City Cincinnati State OH Zip Code 45246

Federal Tax Id Number: 31-1461867

### PRIMARY CONTACT PERSON INFORMATION

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Primary Contact Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone Number: (        ) \_\_\_\_\_ Email: \_\_\_\_\_

Choose address for all program communication, including Reward checks:

Organization Street Address       Contact Mailing Address

**PLEASE READ & INITIAL INSTRUCTIONS BELOW:**

- 1.) \_\_\_\_\_ I have attached a copy of my organization's Letter of Determination from the IRS, which states in writing that my organization is tax exempt under Section 501(C)(3) of the IRS. **Please note that this is a requirement for participation in the program. You may also submit a pre-printed 990 form in place of a 501(C)(3).**
  
- 2.) \_\_\_\_\_ I have attached the signed Terms and Conditions. **Please note that your application will not be processed until this is received.**
  
- 3.) \_\_\_\_\_ Applicable organization description. Please check only one.
  - \_\_\_\_\_ School (grades K-12 including all school sports)
  - \_\_\_\_\_ Church/Synagogue (includes groups within the church i.e., youth groups)
  - Youth Sports (not affiliated with schools)
  - \_\_\_\_\_ Animal Welfare Organizations
  - \_\_\_\_\_ Other (please explain) \_\_\_\_\_

**Please sign and date below that you understand and accept these conditions.**

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_