**Eau Claire Area School District**

**SPECIAL OLYMPICS**

**Non-ECASD Attending Student Athletic Fee Collection Form**

Instructions:

* Please complete form, *SIGN, and make payment prior to Seasonal Athletic Meeting* in order to practice each season.
* Make check payable to Eau Claire Area School District and mail/return form and payment to:

Attn: Lindsey, 500 Main Street, Eau Claire, WI 54701. Your check will serve as your receipt.

* Please print information.

District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Athlete’s Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade: \_\_\_\_\_\_\_\_Sport: \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check boxes for which payment is included:

***ELEMENTARY AND MIDDLE SCHOOL***

**Fall Sports** **Winter Sports** **Spring Sports**

Bowling $80  Basketball $80  Track $80

***HIGH SCHOOL***

**Fall Sports** **Winter Sports** **Spring Sports**

Bowling $300  Basketball - Men $250  Track – Men $150

Basketball – Women $250  Track – Women $150

Swim – Men $150

Swim – Women $150

**\*\*\*HIGH SCHOOL ONLY: INDIVIDUAL CAP-PAY FOR THE FALL & WINTER SPORTS AND THE SPRING SPORT IS FREE\*\*\***

**Participation fees will not be prorated/reimbursed for shortened seasons.**

**This form must be completed, SIGNED, and submitted to the Eau Claire Area School District Accounting Office prior to student participation**.

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL PAYMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PAID BY:  CASH  CHECK**

|  |  |
| --- | --- |
| **Office**  **Use**  **Only** | Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If applicable, check #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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