

**Charlotte County School District
Pay to Participate Payment Form**

Athletic Year 2015-2016

This form and required payment must be submitted to the Athletic Department on or before your son/daughter first athletic competition.

Student's Name _____ School _____

Sport #1 _____ Sport #2 _____

Parent/Guardian _____

Address _____

Home Phone Number (____) _____ Cell Phone Number (____) _____

Please list any siblings that will be participating in athletics at the high school this year.

1. _____

2. _____

3. _____

1 Sport= \$100

2 Sports = \$125

Family Fee= \$200

Please be advised that the above participation fee does not include the cost of athletic equipment, supplies, fund raising, and other associated team fees.

I also acknowledge that this participation fee does not guarantee playing time.

Parent/Guardian Signature

Date

For office use only

Amount _____

Method of Payment:

____ Cash

____ Check

Check# _____

____ Other