

CHARLOTTE COUNTY SCHOOL DISTRICT
Port Charlotte High School
Pay to Participate Payment Form

Athletic Year 2016-2017

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

Student's Name _____ Grade _____

Sport #1 _____ Sport #2 _____

Parent/Guardian _____

Address _____

Home Phone () _____ Cell Phone () _____

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, fundraising, 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