

Pay to Participate Form (2020-2021 School Year)



Flat Rock Athletic Department

25600 Seneca Street
Flat Rock, MI. 48134

Athletic Director: Mike Wagner: 734-535-6696
Simpson Athletic Director: Todd Dishon: 734-535-6712
Athletic Coordinator: John Clair: 734-535-6660
Athletic Secretary: Mary Oestrike: 734-535-6562

Student Athlete: _____

Grade: _____

Parent(s): _____

Phone: _____

Sport(s): _____

School	Date of Payment	Method of Payment	Receipt #
High School = \$125			
Middle School = \$85			

Waiver: (attach copy)

***Waivers are granted for those student athletes that qualify for the free and reduced lunch program offered through the district. A copy of the qualifying letter can be attached to this form for those seeking waiver.*

Payment Plan: Indicate your plans for payment with the date of payment and the amount to be paid on each date.

_____ (Date)	_____ (Amount)	_____ (Date)	_____ (Amount)	_____ (Date)	_____ (Amount)
_____ (Date)	_____ (Amount)	_____ (Date)	_____ (Amount)	_____ (Date)	_____ (Amount)

****Payment of the Fee must be resolved within (6) weeks of the start of sport season in order to avoid ineligibility issues for the student athlete. ****

The cap for a family is \$ 300 per year. This form will be placed in the student's athletic file for the season.

Submit Payment with this form to Mr. Wagner or Mr. Clair at the High School. Mr. Dishon at the Middle School, or Mrs. Oestrike at the Administration Bldg.