

Marian High School Athletic Department

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Coach Reggie Glon
 1311 South Logan Street
 Mishawaka, IN 46544

Name _____
 Address _____
 City, State, Postal Code _____

BILLING DATE: 7/1/2008
ACCOUNT ID: _____
PREVIOUS BALANCE: _____

ATHLETIC FEE STATEMENT 2008-2009 SCHOOL YEAR

<u>DATE</u>	<u>INVOICE NO.</u>	<u>DETAILS</u>	<u>CHARGES</u>	<u>PAY-MENTS</u>
7/1/2008		Option 1 (Athletic Fee)	\$100 per student	
		Fall Sport _____		
		Winter Sport _____		
		Spring Sport _____		
		Option 2 (Volunteer Work – 20 hours)**		
		** If you intend to work off your fee you MUST notify the athletic office by August 15, 2007 by returning THIS form		
		_____ 20 Hours Volunteer - You will be contacted and assigned by the Athletic Office.		
		Name & Phone Contact Numbers to get scheduled:		
		Worker Name: _____		
		Home: _____ Cell: _____		
		Work: _____		
		Option 3 (Sold \$300 worth of Media Guide ad's) List Name & Size of ads sold: _____ _____ _____		
		Totals:	\$100.00	\$0.00
			Please pay this amount:	\$100.00

Terms: 30 Days - All Athletic Fees are due ON OR BEFORE August 1st **
Please return this form with payment or credit option checked. Please include the invoice number (*student ID number) on your check. THIS FORM MUST BE RETURNED BEFORE YOUR CHILD CAN TRYOUT OR PARTICIPATE IN A SPORT.
 Make checks payable to: **Marian High School Athletics**
 **If your child is playing a winter or spring sport and gets cut you will be refunded your fee at that time.
 Thank You!