



## Mt. Pleasant Oilers Athletic Boosters, Inc. Athletic Fee Payment Plan Form

Complete this form and return it to MPHS Athletic Office or the West Intermediate School Office. The Mt. Pleasant Oilers Athletic Boosters, Inc. wish to assist as many families as possible, however funding for athletic fee assistance is very limited. Beginning with the 2011-2012 academic year the Sports Boosters are implementing a payment plan system first. Once a payment plan is established families that still require financial assistance can apply for assistance from the Sports Boosters of up to \$100 per athlete per season at MPHS and \$50 per athlete at West Intermediate. As part of any assistance the Boosters will be requesting that a parent/guardian or athlete, volunteer at an athletic event for each season of assistance. If the request for volunteering is an issue, the Sports Booster request that you write an explanation as to why you cannot volunteer on the back of this form. Requests for assistance where volunteering is an issue that do not include this explanation will not be considered.

**Season and Year :**  Fall \_\_\_\_\_  Winter \_\_\_\_\_  Spring \_\_\_\_\_

**Athlete's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Sport and Level:** \_\_\_\_\_

**Athlete's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Sport and Level:** \_\_\_\_\_

**Payment Plan:** \$ \_\_\_\_\_ / 10 weeks = \$ \_\_\_\_\_ per week

(Fall payments due: August 29, Sept. 6, 12, 19, 26, October 3, 10, 17, 24, 31. Winter payments due: November 7, 14, 21, 28, December 5, 12, January 9, 16, 23, 30. Spring payments due: March 19, 26, April 2, 9, 16, 23, 30, May 7, 14, 21.)

**Amount of Additional Assistance Requested (per athlete):**

\$25 (MPHS or West option)  \$50 (MPHS or West option)  \$75.00 (MPHS option only)  \$100.00 (MPHS option only)

I understand that as part of any assistance the Sports Boosters will request that a parent/guardian or the athlete volunteer at one athletic event for each season of assistance.

**Parent/Guardian Name:** \_\_\_\_\_  
Print Name Signature

**Parent/Guardian Contact Information:** \_\_\_\_\_  
Cell Phone Number Email Address

**Sports Booster Use Only:**

Total Assistance Being Requested: \$ \_\_\_\_\_

Approved by: \_\_\_\_\_  Denied: \_\_\_\_\_  
Initials Reason Initials

**Volunteer Event & Date:** \_\_\_\_\_

**Payments:**

Date	Amount	Date	Amount
Date	Amount	Date	Amount
Date	Amount	Date	Amount
Date	Amount	Date	Amount
Date	Amount	Date	Amount