

THE JOHN **CROSLAND** SCHOOL



ANNUAL ATHLETIC PARTICIPATION FEE FORM

Student's Name _____ Grade _____ DOB _____

Father's Name _____ Mother's Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone # _____

The \$50 annual sports participation fee is in order for your child to be eligible for participation in The John Crosland School Athletics.

The fee assists in covering administrative cost associated with the athletics program.

All fees paid are **NONREFUNDABLE**.

_____ Yes, I have enclosed \$50 with this form

Parent Signature _____ Date _____

Please make checks payable to The John Crosland School. Should you have any questions or concerns please feel free to contact Vivian Fotinos at 704-365-5490 ext.736 or email at vfotinos@johncroslandschool.org