

**Jefferson Athletic Department
Application for Pay to Participate**

To allow for processing, please have this form completed and turned in at least one week prior to the season.

Athlete's Name _____ Grade _____

Parent/Guardian's Name _____ Contact Number _____

Total household's monthly income from all sources including wages, social security, etc. \$ _____

Number of person in family, including the student listed above? _____

Do any special situations exist which makes the family expenses greater than normal? Yes _____ No _____
If yes, please explain:

Requesting: Payment Plan _____ or Free/Reduced Payment _____

I hereby make application for pay to participate for _____
Name of Sport

I certify that all of the above information is correct to the best of my knowledge.

Signature of Parent/Guardian

Date

For Office Use Only

Not Approved _____ **Approved** _____

Amount Approved: Full \$ _____ Payment Plan \$ _____

Signature of Athletic Director

Date

Notes: _____

**Payment Plan: First payment must be made before the first game or scrimmage (whichever comes first).
Payments are bi-weekly. Must be paid in full before the end of the season.
This information is confidential and the privacy of the application is strictly observed**