

OTSEGO HIGH SCHOOL
2009 - 2010 PAY-TO-PARTICIPATE REGISTRATION
WINTER SPORTS

Student Name _____ Grade _____
(Please Print)

Address _____

Phone _____ Email (For return receipt) _____

Siblings – Please list all brothers and sisters of student listed above in grades 7 through 12 that will be participating in athletics, clubs, and/or organizations.

Please check winter athletic program in which student will participate:

\$60.00 (for their 1st sport)

\$30.00 (for their 2nd sport)

High School Basketball

High School Wrestling

High School Cheerleading

WINTER SPORT PAY-TO-PARTICIPATE FEE DUE BY NOVEMBER 20, 2009

Checks only - NO Cash Please.

Checks payable to "Otsego Board of Education"

Check enclosed in the amount of: _____

Payments may be mailed along with this form to:

Otsego High School

Attention: Pay-to-Participate

P.O. Box 290, Tontogany, OH 43565.

For return receipt by mail, a self-addressed stamped envelope *must* be enclosed. Please do not combine school fee(s) and/or activity fee(s).

Thank you. Joyce Harnishfeger 419-823-4381 ext. 2103.

Parents/Guardians: Please read and sign below.

I have read the Information Bulletin outlining the guidelines as set forth by the Otsego Local Schools Athletic Department regarding the Otsego Local Schools Pay-To-Participate Fees. I agree to abide by these regulations and to allow my child to participate in the Otsego Local Schools Interscholastic Athletic Program.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (please print) _____