

**PAY TO PARTICIPATE
Application for Family Limit**

Date: _____

Family Name: _____

Address: _____

Home Phone: _____

We are requesting implementation of the family limit of \$600.00 for the 2017-2018 school year as it applies to the Pay-to-Participate Program. It is based on participation/payment already tendered for the following:

Child's Name

Sport/Season

School

Amount Paid

<u>Child's Name</u>	<u>Sport/Season</u>	<u>School</u>	<u>Amount Paid</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL PAID _____

Signature: _____

STRONGSVILLE CITY SCHOOLS

Mustangs

ACADEMICS ARTS ATHLETICS