

**AVOCA SCHOOL DISTRICT NO. 37
2019-2020 SCHOOL YEAR – ACTIVITY FEES FORM**

Name of Parent _____ Phone _____

Address _____

Activity Fees Schedule:

Band	\$165
Basketball	\$125
Cross Country	\$40
School Play	\$140
Science Olympiad	\$200
Soccer	\$50
Volleyball	\$95

Child _____ Team _____ Amount _____

Child _____ Team _____ Amount _____

Child _____ Team _____ Amount _____

Child _____ Team _____ Amount _____

TOTAL _____

Method of Payment (Please select one)

Cash _____ Check# _____ MasterCard _____ Visa _____ Discover Card _____

Credit/Debit Card Payments (Additional Service Fee of 3.56% will be charged for credit and debit card payments)

Account Number _____

Name on the account _____ Expiration Date ____/____/____

Amount to be charged \$ _____

Signature of card holder _____