



# 2023-24 NON-ECASD Special Olympics Fee Form

Student Name: \_\_\_\_\_ Resident District: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone : \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

## Instructions:

- Complete form, SIGN, and make check payable to ECASD (Eau Claire Area School District).
- Check below which fees are included in your payment.
- You may write one check, but you must attach a signed Fee Collection Form per student
- Mail or drop off completed form and payment to ECASD Accounting at 500 Main Street, Eau Claire, WI 54701
- Please complete the following for ECASD to bill a third party provider:

Name/Organization Invoice: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

### Elementary School and Middle School Activities

#### Fall

☐ Bowling.....\$84

#### Winter

☐ Basketball Skills...\$84

#### Spring

☐ Track.....\$84

### High School Activities

#### Fall

☐ Bowling.....\$309

#### Spring

☐ Track.....\$155

#### Winter

☐ Basketball Skills.....\$256

☐ Basketball Team.....\$256

**Paid by:** ☐ Cash ☐ Check Total Amount Enclosed \$ \_\_\_\_\_

Fees will not be prorated/reimbursed for shortened seasons

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Accounting with Questions: 715-852-3016 or [accounting@ecasd.us](mailto:accounting@ecasd.us)

Office  
Use  
Only

Date Paid: \_\_\_\_\_ Amount: \_\_\_\_\_ If applicable, check #: \_\_\_\_\_

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9/17/2021