



# 2024-25 Eau Claire Area High School Sports Fee Form

- To pay by credit card, go to [myschoolbucks.com](https://myschoolbucks.com) to create an account and add your student(s). Add program(s) from school store to your cart and check out. No form needed.
  - For cash/check, please complete this form.

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

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

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

### 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 (DO NOT INCLUDE PAYMENT FOR LUNCH OR OTHER ACTIVITIES).
- Mail or drop off completed form and payment to ECASD Accounting at 500 Main Street, Eau Claire, WI 54701

\*\*Students who qualify for reduced priced meals will pay half price fee\* (Please check box below)

\*\*Students who qualify for free meals will NOT pay a fee\*\* (Please check box below)

### \*\*National School Lunch (NSLP) Consent

The information you supplied on your Free and Reduced School Meals Application will not be shared with other programs for which your children may qualify without your consent.

### We must have your permission to share this information for the discount on your fees.

**YES!** I give permission to use the NSLP free and reduced information to receive the discount for Eau Claire Area School District Participation Fees. Filling out this form will not change whether your children get free or reduced price meals.

Fall	Winter	Spring
<input type="checkbox"/> Cheer/Spiritline .....\$103	<input type="checkbox"/> Basketball—Boys ..... \$206	<input type="checkbox"/> Baseball .....\$206
<input type="checkbox"/> Cross Country.....\$103	<input type="checkbox"/> Basketball—Girls ..... \$206	<input type="checkbox"/> Golf—Boys .....\$206
<input type="checkbox"/> Football .....\$206	<input type="checkbox"/> Cheer/Spiritline ..... \$103	<input type="checkbox"/> Softball .....\$206
<input type="checkbox"/> Golf—Girls .....\$206	<input type="checkbox"/> Dance .....\$206	<input type="checkbox"/> Soccer—Girls .....\$206
<input type="checkbox"/> Soccer—Boys .....\$206	<input type="checkbox"/> Gymnastics ..... \$309	<input type="checkbox"/> Tennis—Boys .....\$206
<input type="checkbox"/> Swim & Dive—Girls .....\$206	<input type="checkbox"/> Hockey—Boys ..... \$309	<input type="checkbox"/> Track & Field .....\$103
<input type="checkbox"/> Tennis—Girls .....\$206	<input type="checkbox"/> Hockey—Girls ..... \$309	
<input type="checkbox"/> Volleyball .....\$206	<input type="checkbox"/> Swim & Dive—Boys ..... \$206	
	<input type="checkbox"/> Wrestling—Boys..... \$206	
	<input type="checkbox"/> Wrestling—Girls..... \$206	

Fees must be paid before first competition of season.  
Fees will not be prorated/  
reimbursed for shortened seasons.

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

### Check if applicable:

- Individual Cap: Pay for fall & winter, spring sport is free
- Family Cap: \$824/year or \$412 if reduced fees

### Refunds:

If athlete is not part of the team, refunds will be reimbursed by:

- September 15 for Fall
- December 15 for Winter
- April 15 for Spring

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

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

<b>Office Use Only</b>	Date Paid: _____	Amount: _____	If applicable, check #: _____
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