## 2024-25 NON-ECASD Special Olympics Fee Form



tudent Name:	Resident District:	Grade:
arent/Guardian:	Phone :	
arent/Guardian Email:		
arent/Guardian Address:		
nstructions:		
Complete form, SIGN, and make ch	neck payable to ECASD (Eau Claire Area School Dist	trict).
Check below which fees are includ	led in your payment.	
You may write one check, but you	must attach a signed Fee Collection Form per stud	dent
Mail or drop off completed form an	d payment to ECASD Accounting at 500 Main Stre	et, Eau Claire, WI 54701
Please complete the following for I	ECASD to bill a third party provider:	
Name/Organization Invoice:	Phone Number:	
Contact Name:	Email:	
Address:		
Elementary School and Middle School Activities	High School Activities	
	Fall Spr	•
	□ Bowling\$309 □	Track\$155
Bowling\$84	Winter	
Winter	Basketball Skills\$256	
Basketball Skills…\$84	Basketball Team\$256	
Spring		
☐ Track\$84		
Paid by: 🛛 Cas	sh	
Fees will no	ot be prorated/reimbursed for shortened seasons	
ignature of Parent/Guardian:		ate:
	g with Questions: 715-852-3016 or accounting@ecas	
Office Use Date Paid:	Amount: If applicable, check #:	

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