



# 2024-25 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: \_\_\_\_\_

|  |   |             |               |  |  |               |  |  |  |  |  |
|--|---|-------------|---------------|--|--|---------------|--|--|--|--|--|
| <p><b>Elementary School and Middle School Activities</b></p> <p><b>Fall</b></p> <p><input type="checkbox"/> Bowling.....\$84</p> <p><b>Winter</b></p> <p><input type="checkbox"/> Basketball Skills...\$84</p> <p><b>Spring</b></p> <p><input type="checkbox"/> Track.....\$84</p> | <p><b>High School Activities</b></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><b>Fall</b></td> <td style="width: 50%;"><b>Spring</b></td> </tr> <tr> <td><input type="checkbox"/> Bowling.....\$309</td> <td><input type="checkbox"/> Track.....\$155</td> </tr> <tr> <td colspan="2"><b>Winter</b></td> </tr> <tr> <td><input type="checkbox"/> Basketball Skills.....\$256</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Basketball Team.....\$256</td> <td></td> </tr> </table> | <b>Fall</b> | <b>Spring</b> | <input type="checkbox"/> Bowling.....\$309 | <input type="checkbox"/> Track.....\$155 | <b>Winter</b> |  | <input type="checkbox"/> Basketball Skills.....\$256 |  | <input type="checkbox"/> Basketball Team.....\$256 |  |
| <b>Fall</b>  | <b>Spring</b>   |             |               |  |  |               |  |  |  |  |  |
| <input type="checkbox"/> Bowling.....\$309   | <input type="checkbox"/> Track.....\$155  |             |               |  |  |               |  |  |  |  |  |
| <b>Winter</b>  |   |             |               |  |  |               |  |  |  |  |  |
| <input type="checkbox"/> Basketball Skills.....\$256   |   |             |               |  |  |               |  |  |  |  |  |
| <input type="checkbox"/> Basketball Team.....\$256   |   |             |               |  |  |               |  |  |  |  |  |
| <p><b>Paid by:</b>   <input type="checkbox"/> <b>Cash</b>   <input type="checkbox"/> <b>Check</b>   Total Amount Enclosed \$ _____</p>   |   |             |               |  |  |               |  |  |  |  |  |

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 #: _____ |
|-----------------|--|