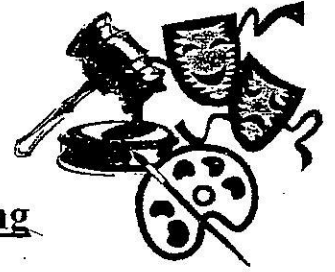


West Bloomfield School District West Bloomfield High School



Activity/Club Fee and Letter of Understanding

(Please PRINT)

Student/s	Age/s	Date/s of Birth	Grade/s
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
Parent/Guardian Names _____			
Address _____		City _____	Zip _____
Home Phone _____		Additional Phone Number/s _____	
Club/Activity Name(s) _____			

I have reviewed this form and understand the fee paid does not guarantee participation time, control over any conditions of the club, team, activity or Activities Department. I also understand paying the fee does not in any way alter West Bloomfield School District policies, codes of conduct, building rules, election processes, individual team or club/activity rules.

A student will not be allowed to participate unless all signatures are affixed and the activity/club fee has been paid.

- Activity/Club members shall not pay more than \$25 per year
- No one household will pay more than \$50 per year.

Parent/Guardian signature	date	Student signature	date
		Student signature	date
		Student signature	date

***Please make checks payable to West Bloomfield School District. DO NOT SEND CASH!**

Amount paid _____ Check # _____ Request for Waiver _____
*Returned check fee: \$30.00

Thank you for your cooperation and we look forward to a wonderful school year.

Office use only: Received by _____ Date _____

WHITE COPY: Return to Activities Office	YELLOW COPY: Keep for your records
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