

**ATHLETIC SUPPORT FEE AGREEMENT  
PAY TO PARTICIPATE FEE  
FRANKLIN TOWNSHIP COMMUNITY SCHOOL CORPORATION**

SCHOOL: **FRANKLIN TOWNSHIP MIDDLE SCHOOL EAST**

ATHLETE'S NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_

NAME OF SPORT: \_\_\_\_\_

**TO BETTER SERVE YOU, PLEASE SELECT FROM THE FOLLOWING OPTIONS BELOW**

1. \_\_\_\_\_ Pay today in full.
2. \_\_\_\_\_ Pay the total athletic fees in two equal payments as follows:  
Half of PTP plus Uniform/Transportation (\$105 August 7<sup>th</sup>) \$ \_\_\_\_\_  
Remaining Balance (\$95 August 14<sup>th</sup>) \$ \_\_\_\_\_
3. \_\_\_\_\_ Qualifies for Free/Reduced assistance. Qualification letter is attached. Free and Reduced athletes are required to pay the uniform fee. Reduced assistance qualifies you to pay half the PTP fee. (Students who qualify can receive discount for only 1 sport per year.)  
\_\_\_\_\_ \$10 Uniform payment enclosed. (\$105 if you are qualified for Reduced.)

\_\_\_\_\_ I would like to donate to sponsor an athlete at FTMS EAST/WEST. Name of Player: \_\_\_\_\_  
(Optional)

Amount of donation \$ \_\_\_\_\_

**FAILURE TO MEET YOUR SELECTED PAYMENT PLAN MAY SUBJECT YOU TO REMOVAL FROM ATHLETIC COMPETITION AND/OR FOR FURTHER COLLECTION PROCEDURES. COLLECTION FEES, ATTORNEY FEES, AND COURT COSTS WILL BE ADDED TO THE ATHLETIC FEES AND WILL BE THE RESPONSIBILITY OF THE PARENT.**

**NO REFUNDS WILL BE GIVEN.**

**I HAVE READ AND UNDERSTAND ALL TERMS OF THIS AGREEMENT.**

Parents' or Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**CROSS COUNTRY PARTICIPATION FEE**

**1<sup>ST</sup> SPORT \$190 \_\_\_\_\_**

**UNIFORM PACKAGE**

**\$10 Uniform Rental**

**\$200 TOTAL ENCLOSED \_\_\_\_\_**

**ALL FEES MUST BE PAID BY MONDAY August 17<sup>th</sup>, 2015 OR REMOVAL FROM THE TEAM WILL OCCUR**

**CASH, CHECK, MONEY ORDER, MASTER CARD AND VISA ACCEPTED**

FTMS EAST, Contact Chris Kramer 803-8105