



2019/2020 ATHLETIC/CO-CURRICULAR CLUBS PAY TO PARTICIPATE FEE

Student Name: _____

School Student attends _____ Grade: _____

Pay to Participate Fees may be paid online at <http://www.bloomfield.org/payments> If you have not yet set up your account, e-mail recreation@bloomfield.org for your welcome letter. Or you can complete this form and mail it in. Pay to Participate fees cannot be paid at the school. They must be paid online or sent to the Athletics Office at the Booth Center, 7273 Wing Lake Road, Bloomfield Hills, 48301.

If you qualify for free or reduced lunch, your pay to participate fee may be waived. You must note on your lunch application that it is okay to share your status with our department. We do not want any student to miss the opportunity to participate in athletics or clubs due to financial hardship. Please contact the Athletic Director or your Building Principal.

Note, for tryout sports, you can pay after you find out if your student made the team, payments must be made before the student can participate in practices. Once you pay your fee, it is NOT refundable until the end of the school year upon written request. If your student participates in any athletic contest (or 3 or more times for intramural), your fee will not be refunded. If your student attends a club three or more times, your fee will not be refunded. If you paid for sports and your student only participated in clubs, you will be refunded the difference at the end of the school year.

There is a \$600 family maximum for Pay to Participate, if you will be exceeding \$600, please call Anqi Lewis at 248-341-6405

FOR HIGH SCHOOL STUDENTS:

BLOOMFIELD HILLS HIGH SCHOOL

\$200.00 Athletics & Co-Curricular & Clubs (club fee included) or \$70.00 Co-Curricular/Clubs Only

FOR MIDDLE SCHOOL STUDENTS:

BLOOMFIELD HILLS MIDDLE ❖ EAST HILLS ❖ WEST HILLS

\$150.00 Athletics & Co-Curricular & Clubs (club fee included) or \$45.00 Co-Curricular/Clubs Only

NOTE, 4TH & 5TH GRADERS DO NOT PAY A \$150 FEE, 4TH & 5TH GRADES WILL NEED TO PAY A \$45 FEE IF PARTICIPATING IN CLUBS

Payment Options:

Cash: \$ _____

Check: \$ _____ Check Number: _____

American Express Visa Mastercard Discover

Card #: _____ Exp. ____/____ Security Code: _____

Name on card: _____

Authorized Signature: _____

Email Address for Receipt: _____

**Billing address must match your home address, if you have a different billing address for the card, please indicate here:

Name on Card: _____

Address: _____ City: _____ State: _____ Zip: _____