

## MODEL HIGH SCHOOL ATHLETIC FEE

**Student Name :** \_\_\_\_\_

**Parent Name :** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Date :** \_\_\_\_\_

**Sports to be participating in:**

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**Please make \$75.00 check payable to MODEL ATHLETICS, and return to the Main office or the Athletic office. Athletic fees must be paid prior to participation in sports.**