



**Lemon Bay High School**  
**2201 Placida Road**  
**Englewood, FL 34224**  
**(941) 474-7702**  
**Fax (941) 475-5260**



**Charlotte County School District**  
**Pay to Participate Payment Form**

**Athletic Year: \_\_\_\_\_**

**This form and required payment must be submitted to the Athletic Department on Or before your son/daughter's first athletic competition, once on a team.**

Student's Name \_\_\_\_\_ School \_\_\_\_\_

Sport #1 \_\_\_\_\_ Sport #2 \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Home Phone Number ( ) \_\_\_\_\_ Cell Phone Number ( ) \_\_\_\_\_

Please list any siblings that will be participating in athletics at the high school this year.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

1 Sport = \$100

2 Sports = \$125

Family Fee = \$200

**\*\*\*Check should be made out to Lemon Bay High School\*\*\***

Please be advised that the above participation fee does not include the cost of athletic equipment, supplies, fund raising, and other associated team fees.

I also acknowledge that this participation fee does not guarantee playing time.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

For office use only:

Method of Payment      Amount \_\_\_\_\_      Date \_\_\_\_\_      Initials \_\_\_\_\_

Cash \_\_\_\_\_      Check \_\_\_\_\_      Check # \_\_\_\_\_      HC \_\_\_ Excel \_\_\_\_\_