Athletic Fee Deferment Application South Albany High School

Student Name		Grade
Parent or Guardian Na	ame	
Street Address		
City	Zip	Contact Phone
Contact Email		
goals. With that said, the want expenses to get in the participation fees. If you a	cost of running on the way, but our payers unable to payer do the following	as an interest in athletics to fully pursue their our athletic programs is significant; we do not programs survive on the funds from by the complete participation fee due to a g and submit to the athletic office prior to the
2. Make a down pa	ayment of \$50)
3. Pay the remaind season (\$100)	der of the bala	ance owed by the end of the current
Sport		
(One form required for each sp	oorts season)	
Parent/Guardian Sign	ature	Date
		Platt, Jason.platt@albany.k12.or.us , or Athletic
()ttice Assistant Amy Fraize	er it vou need add	Iditional information 541-967-4522