

COPPELL HIGH SCHOOL
"PAY TO PLAY"

FEE: \$150 per student, per year. Good for all activities during the school year.

WHO: Students who participate in Coppel High School extracurricular athletics.

WHEN: For all activities, payment is due upon the selection of teams and before the first performance or competition. Please see your head coach for specific date.

HOW: Make checks payable to "Coppel I.S.D." Please mail or deliver form and payment to Terri Bennett in the Coppel High School Athletic Office, 185 W. Parkway Blvd., Coppel, Texas 75019 (214.496.7058)

LIMITS: There is a \$300 limit per family.

REFUNDS: Refunds are given ONLY in the following cases:
student quits prior to first performance or competition
student withdraws from school prior to first performance or competition.

WAIVERS: All CISD employees
Any student on free/reduced lunch program

PAYMENT OF FEES DOES NOT GUARANTEE PARTICIPATION IN GAMES, CONTESTS, ETC.

PLEASE PRINT ALL INFORMATION

NAME _____ **GR** _____ **ID#** _____

PARENT'S NAME(S) _____ **PHONE #** _____

ADDRESS: _____

I will participate in the following activities:

- | | | | |
|---------------------|------------------|----------------|------------------|
| _____ baseball | _____ basketball | _____ swimming | _____ track |
| _____ cross country | _____ football | _____ tennis | _____ volleyball |
| _____ golf | _____ soccer | _____ softball | _____ wrestling |

PAY TO PLAY REFUND FORM

Name of Student:_____ Grade:_____

Date of last competitive participation:_____

Sport:_____

Reason for Refund:

Schedule Change

Transfer Out of District

Free or Reduced Lunch

Employee's Child

Duplicate Payment

Ineligible

Parents Name and Address as it appears on the check

Requested by:_____

Please fill out and attach a copy of your schedule change if applicable. Send this information to Terri Bennett at Coppell High School Athletic Department.

*****NO REFUND WILL BE GIVEN WITHOUT THE
COACH/SPONSOR SIGNATURE*****