

Hillsdale High School Athletics Participation & Family Partnership Donation Form 2009–2010

Parent/Guardian(s): _____ & _____

Parents'/ Guardian'(s) Cell Phones: _____ & _____

Home Address: _____ Phone: _____

Primary Contact Email Address: _____

Secondary Contact Email Address: _____

Student Full Name and Grade

1) Name: _____ **Grade** _____

Sport: Fall _____ Winter _____ Spring _____

2) Name: _____ **Grade** _____

Sport: Fall _____ Winter _____ Spring _____

3) Name: _____ **Grade** _____

Sport: Fall _____ Winter _____ Spring _____

Fall Sports	Winter Sports	Spring Sports
Cross Country	Basketball	Badminton
Football	Soccer	Baseball
Girls Tennis	Wrestling	Softball
Girls Volleyball		Boys Golf
Water Polo		Swimming
Cheerleading		Boys Tennis
Girls Golf		Track & Field

Form Continues with Participation / Passes / Donation Amounts on Reverse ➔

*The Hillsdale Foundation is an approved IRS 501(c) (3) tax-exempt, non-profit organization. Federal Tax ID no. 87-0800728
 Donations to the Hillsdale High School Foundation are fully tax-deductible as allowed by law.*

The HHS Athletics Booster Club encourages you to also participate in The Hillsdale Foundation Family Partnership Program at any additional amount.

Hillsdale High School Foundation FAMILY PARTNERSHIP PLEDGE

My Company Will Match This Donation Amount Yes No \$ _____
 Company Name: _____
 Matching gift form enclosed? Yes No (I will send this in later)

Athletics Booster Participation

Participation Amount: \$65 (Per sport per student) \$ _____
 Family Sports Package: \$200 (Includes all sports Participation Amounts for all athletes in one family) \$ _____
 Family Entrance Pass: \$50 (Admits 2 Adults & 2 non-High School children to all regular season SMUHS District games) \$ _____
 I cannot give a monetary donation, but will volunteer my time to the Boosters. Please contact me.

My 2009 - 2010 TOTAL DONATION AMOUNT \$ _____

DONATION PAYMENT OPTIONS:

(Check all that apply.)

Check for \$ _____ enclosed (Check payable to: **Hillsdale High School Foundation**)
 Check for \$ _____ enclosed **PLUS monthly Credit Card payments (See below).**

Monthly Credit Card Payments:

Please charge my credit card – (circle one): **Visa OR MasterCard** (Debit Cards Accepted).
 I authorize the HHSF to charge my card for _____ monthly payments (max. 10) @ \$ _____ /month.

Credit Card No: _____ Exp. Date: _____
 Name as it appears on card: _____ Verification No: _____
 Card Holder Signature: _____

Print Parent Name: _____
 Print Student Name: _____

*The Hillsdale Foundation is an approved IRS 501(c) (3) tax-exempt, non-profit organization. Federal Tax ID no. 87-0800728
 Donations to the Hillsdale High School Foundation are fully tax-deductible as allowed by law.*