## **Spring View Middle School**

## **Voluntary Athletic Contribution Form**

Instructions: Please complete and return this Voluntary Athletic Contribution (VAC) form to the school site Athletic Director. A separate VAC form must be completed and submitted for each sport of participation in order for your child to obtain athletic clearance.

Student's Name	Date of Birth	Grade
Parent's Name	Phone Number	
In order to continue our athletic program for a Voluntary Athletic Contribution (VA are accepted. Please make checks paya	C) of \$55.00. There are 3 ways	to pay. Cash or checks
	Spring View Web Store	<b>V</b>
https://svms.myschoolcentral.com, or by	scanning here:	
[ ] I wish to make a voluntary contribu	ution in the amount of \$	(list amount)
[ ] I wish to contribute in another way (explain):		
I am unable to participate in the pr	ogram at this time.	
*If there are questions or concerns about Athletic Director.	it the athletic contribution, pleas	se contact your school's
I certify that all of the information above contribution is non-refundable.	is true and correct and understa	and that this
Parent/Guardian Signature		
Date		
For	Tax Purposes	
□ Voluntary Athletic Contribution donat	ion to Rocklin Unified School D	istrict
A donation in the amount of: \$	Made on Date:	