Rocklin Unified School District

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 programs at Spring View Middle School we are asking parents for a Voluntary Athletic Contribution (VAC) of $55.00. There are 3 ways to pay. Cash or checks are accepted. Please make checks payable to **SVMS.** VACs can also be paid online at

Spring View Web Store

https://svms.myschoolcentral.com, or by scanning here:

[ ] I wish to make a voluntary contribution in the amount of $_____(list amount)

[ ] I wish to contribute in another way
(explain):_____

_____

[ ] I am unable to participate in the program at this time.

*If there are questions or concerns about the athletic contribution, please contact your school's Athletic Director.

I certify that all of the information above is true and correct and understand that this contribution is non-refundable.

Parent/Guardian Signature_____

Date_____

- **For Tax Purposes** -

□ Voluntary Athletic Contribution donation to Rocklin Unified School District

A donation in the amount of: $_____ Made on Date: _____