

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



<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: _____