



**Dexter Community Schools
Athletics Family Max Reimbursement Request**

Parents may request to be reimbursed for pay to participate fees exceeding a family maximum of \$1000. Please complete this form and turn it in at the Athletics Office at Dexter High School by May 31 of the current school year.

| | | | | |
|---|-------|--------------------------|-----------------------|-----------|
| SCHOOL YEAR | | | | |
| SECTION 1 PARENT INFORMATION | | | | |
| Parent's name | | Phone Number | Email | |
| Mailing address | | City | Zip | |
| SECTION 2 ATHLETE INFORMATION | | | | |
| Season <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring | Sport | Athlete Name | Fee Paid | Date Paid |
| Season <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring | Sport | Athlete Name | Fee Paid | Date Paid |
| Season <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring | Sport | Athlete Name | Fee Paid | Date Paid |
| Season <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring | Sport | Athlete Name | Fee Paid | Date Paid |
| Season <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring | Sport | Athlete Name | Fee Paid | Date Paid |
| Season <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring | Sport | Athlete Name | Fee Paid | Date Paid |
| | | | Total Fee Paid | |
| SECTION 3 AUTHORIZATION | | | | |
| I certify the above request meets the guidelines for reimbursement. Reimbursement requests must be received in the Athletics Office by May 15 of the school year requested. | | | | |
| Print Name: _____ | | | | |
| Signature: _____ | | Date: _____ | | |
| SECTION 4 APPROVAL OF ATHLETIC DIRECTOR | | | | |
| Print Name: _____ | | | | |
| Signature: _____ | | Date: _____ | | |
| FOR BUSINESS OFFICE USE | | | | |
| Refund revenue account 23-0173-0000-991-9102-00000 | | Date refund issued _____ | | Ck# _____ |