



2025-26 NON-ECASD Special Olympics Fee Form

Student Name: _____ Resident District: _____ Grade: _____

Parent/Guardian: _____ Phone : _____

Parent/Guardian Email: _____

Parent/Guardian Address: _____

Instructions:

- Complete form, SIGN, and make check payable to ECASD (Eau Claire Area School District).
- Check below which fees are included in your payment.
- You may write one check, but you must attach a signed Fee Collection Form per student
- Mail or drop off completed form and payment to ECASD Accounting at 500 Main Street, Eau Claire, WI 54701
- Please complete the following for ECASD to bill a third party provider:

Name/Organization Invoice: _____ Phone Number: _____

Contact Name: _____ Email: _____

Address: _____

Elementary School and Middle School Activities

Fall
☐ Bowling.....\$84

Winter
☐ Basketball Skills...\$84

Spring
☐ Track.....\$84

High School Activities

Fall
☐ Bowling.....\$309 **Spring**
☐ Track.....\$155

Winter
☐ Basketball Skills.....\$256
☐ Basketball Team.....\$256

Paid by: ☐ **Cash** ☐ **Check** Total Amount Enclosed \$ _____

Fees will not be prorated/reimbursed for shortened seasons

Signature of Parent/Guardian: _____ Date: _____

Contact Accounting with Questions: 715-852-3016 or accounting@ecasd.us

Office
Use
Only

Date Paid: _____ Amount: _____ If applicable, check #: _____