

# 2023-2024 AAPS Pay to Participate Registration Form

## Student Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender:  M  F  Other Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## High School (Select 1 Fee for Payment)

- Sport & Insurance Fee = \$265    Sport & Insurance Fee = \$250    Insurance/Club= \$15  
 Middle School Sport Fee = \$150.00

## Payer Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender:  M  F  Other Birth Date: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Payment Method:

Check (Payable to AAPS) # \_\_\_\_\_  Credit Card (enter information below)

Rec & Ed Scholarship ID# \_\_\_\_\_  Waiver Code \_\_\_\_\_

Credit on Rec & Ed Account    Cash

### Credit Card Payment Information

Cardholder Name:

VISA    MasterCard    AMEX

Card Number:

Expiration Date: CVV #:

Total Fee (Required) \$:

Signature: