

**FORT BEND ISD ATHLETICS
ENTRY FEE REQUEST 2024-2025**

SPORT: _____ **VAR.** _____ **JV** _____ **SOPH.** _____ **FRESH** _____

NAME OF EVENT: _____

DATE OF EVENT: _____

AMOUNT: *Per Team Sport:* _____

Per Individual Sport: _____
 (Number and cost per person,,i.e. 3x\$50.00=\$150.00)

PAYABLE TO: _____

NAME OF SCHOOL DISTRICT: _____

MAIL TO: _____

REQUESTED BY: _____

SCHOOL: _____

*****Must attach: All back-up information as received from Tournament or Meet Director***

Campus Coordinator Approval: _____ Date: _____

Athletic Dept Approval: _____ Date: _____