

COMSTOCK PARK HIGH SCHOOL  
150 Six Mile Road  
Comstock Park, MI 49321  
(616) 254-5200

Athletic Department  
Tony Petkus  
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August 1, 2013

Dear Comstock Park HS/MS Athletes and Parents,

**Comstock Park Athletic Department  
2013-14 Participation Fee Policy**

**All High School athletes will pay \$70 per sport** with a \$140 family maximum per season and \$280.00 family maximum for the 2013-14 school year. **All Middle School athletes will pay \$55 per sport** with a \$110.00 family maximum per season and \$220.00 family maximum per for the 2013-14 school year. Families with students at both the High School and Middle School will pay the High School group rate.

**Participation Fee Due Dates:** Fill out the bottom portion of this letter and return it to the HS/MS Offices by the due date. **Please do not pay the coaches!**

Fall Sports: **September 9, 2013**

Winter Sports: **December 2, 2013** Mid-Winter (MS GBB & WR) **February 10, 2014**

Spring Sports: **April 14, 2014**

We do not want any individual to be excluded from athletics due to the inability to pay the participation fee. Scholarships are available if your child qualifies for Free and or Reduced Lunch (fee will be waived if athlete is on Free Lunch Program; 50% of the must be paid if athlete is on Reduced Lunch Program). **If your child qualifies for Free and or Reduced Lunch Program – please complete the form and circle the appropriate category.** Please contact me if you need to develop an individual payment plan or scholarship opportunity.

**Please fill out the form below and return with your payment.**

Sincerely,  
Tony Petkus  
Athletic Director

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**2013/14 Comstock Park Athletic Department Participation Fee**

Athletes(s) Name \_\_\_\_\_ Grade \_\_\_\_\_ Sport \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_ Sport \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_ Sport \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_ Sport \_\_\_\_\_

Total Payment: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_  
(Payable to Comstock Park Public Schools)

Please circle one (only if child qualifies): Free Lunch Program      Reduced Lunch Program

Received By: \_\_\_\_\_ Date of Payment: \_\_\_\_\_