

**BLACK BUTTE SCHOOL DISTRICT No. 41**  
**PO Box 150**  
**Camp Sherman, OR 97730**  
**(541) 595 – 6203**

**PAY TO PLAY REIMBURSEMENT PROGRAM**

**Contract of Understanding**

**Requirements to be eligible for reimbursement:**

1. Current or former students residing within the boundaries of Black Butte School District.
2. Participate in 5<sup>th</sup>-8<sup>th</sup> grade Sisters Middle School/SPRD-sponsored sports or participate in 9<sup>th</sup>-12<sup>th</sup> grade Sisters High School-sponsored sports.
3. Submit a formal written letter of request to the Black Butte School Board (follow guidelines on attached page).
4. Present a letter in person to the Board explaining what sport you participated in and a summary of how the season went. Emphasize what you gained through your participation in the sport. Present your letter at the regularly scheduled monthly meeting no earlier than one month prior to the seasonal sport and no later than three months from the conclusion of the sport (extensions may be granted if extenuating circumstances arise; contact school if extension is needed). ALSO: Bring along 7 copies of your letter to leave with Board members and Business Manager.
5. Submit this form at the meeting. This is your Contract of Understanding.
6. Submit a receipt verifying participation or payment.
7. Comply with the rules and regulations of the agency sponsoring the sport.

We, the undersigned, request a reimbursement in the amount of \$ \_\_\_\_\_ for a Pay to Play fee for the sport of \_\_\_\_\_.

We, the undersigned, understand that the Pay to Play Reimbursement Program is a privilege and could be discontinued at any time due to funding constraints. In addition, funds may be denied to a student for failing to meet the requirements of this agreement (outlined above), including failure to complete the season. Failure to complete the season due to disciplinary action will result in the student being denied reimbursement for the next (1) sport being requested.

We, the undersigned, understand the terms of this Contract of Understanding.

\_\_\_\_\_  
Student Name – printed

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name – printed

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date