MEMBER-SCHOOLS DATA,

CONTRIBUTION AND PAYMENT DETAILS

*Please provide the following information and submit to PRISAA Secretariat (Regional/National) for collection of Pro-rata contributions.*

|  |  |  |
| --- | --- | --- |
| NAME OF INSTITUTION/SCHOOL |  | |
| ADDRESS |  | |
| NAME OF SCHOOL HEAD/PRESIDENT |  | |
| NAME OF SCHOOL ATHLETIC/SPORTS COOR. |  | |
| TEL. NOS. |  | |
| FAX NO. |  | |
| E-MAIL ADDRESS |  | |
| ACADEMIC YEAR |  | |
| **PRO-RATA PAYMENT** | | |
| SEMESTER (please check) | 1st Semester | 2nd Semester |
| NUMBER OF ENROLLEES (Secondary) |  |  |
| NUMBER OF ENROLLEES (Tertiary) |  |  |
| Course # 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Course # 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Course # 3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Course # 4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Course # 5 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Course # 6 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Course # 7 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Course # 8 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Course # 9 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Course # 10 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please attach separate sheet if necessary |  |  |
| Total Number of Students |  |  |
| PRISAA FEE PER STUDENT (x total # of students) |  |  |
| TOTAL AMOUNT COLLECTED |  |  |
| TOTAL PRO-RATA CONTRIBUTION |  |  |
| School Share |  |  |
| Provincial/Cluster Share |  |  |
| Regional Share |  |  |
| National Share |  |  |
| MEMBERSHIP FEE PAYMENT (pls. check) | **P 5,000.00** | Make check payable to **PRISAA Sports Foundation Inc.** |
| ANNUAL DUES COLLECTION PAYMENT (pls. check) | **P 2,500.00** | Make check payable to **PRISAA Sports Foundation Inc.** |

*Certified by:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL SEAL

**School Registrar, Signature over Printed Name**

*Approved by:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Finance Officer/President**

Signature over Printed Name

*Received by:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRISAA Officer**

Signature over Printed Name

***Deposit payment:***

*PRISAA National Contribution, please make check payable to* ***PRISAA Sport Foundation Inc.***

*PNB Angeles City SA Account # 566-831-400029*

*Fax Deposit Slip to 045-888-6000 / 02-246-8383*

*E-mail Deposit Slip to* [*jhefpogi2002@yahoo.com*](mailto:jhefpogi2002@yahoo.com) *or* [*nationalprisaa@gmail.com*](mailto:nationalprisaa@gmail.com)

***Accomplish in 4 copies: school, cluster, region, national***