

BOHS BASEBALL BOOSTERS CLUB 2022-2023

☐ Tax ID #33-0819529 ☐ City of Brea Bus. Lic. 2067 ☐

Booster Fundraising Alternative

This letter serves as an agreement between the BOHS Baseball Parent ("Parent") as identified below and the BOHS Baseball Booster Club ("BOHS Boosters"). Parent is entering into this agreement to buy out of specific fundraising activities.

Options:

- **Full Donation Buy-Out**- Parent can buy-out of their \$900 fund raising commitment as a single, one-time payment of \$825. (includes membership)
- **Partial Donation Buy-out**- Parent can buy-out of a single or multiple events, but less than the full buy-out. Details are listed below.

Terms:

- Choosing a full or partial donation buyout does not preclude players or parents from the donation of time.
- Full and Partial buy-out includes the Grand Slam Booster Membership. Parents may choose specific fund raisers to buyout. Details are below.
- If a player is cut from the program after a Parent makes a full or partial buy-out payment, all funds will be repaid to Parent within 15 days of notifying BOHS Boosters that the player was cut. Parent is responsible to notify BOHS Boosters
- If a player participates in any fund raiser (i.e., sells product) and is cut from the program, the funds associated with the fundraising participation will NOT be refunded.
- Parents will have the option to pay for their buy-out in 2 installments. The installment payments will be processed on Nov 11 2022 and Dec 9, 2022.
- Buy-out form is due by **Nov 11, 2022**. Send the completed form to BOHS Booster Treasurer Cathy Brown at wilybrowncat@yahoo.com or Brea Boosters P.O Box 1061 Brea, Ca 92822

Buyout Options

Initial Here	Description	Units	Profit Per Unit	Buy-out Amount	Total
	Option 1				
X:	Full Buy-out*			\$575	
	Option 2				
X:	Christmas Tree	7	\$50	\$350	
X:	Raffles	20	\$10	\$200	
X:	Community Cards	10	\$10	\$100	
	Grand Slam Booster Membership			\$250	\$250
	Initial here and indicate if you want to pay in 2 installments=>	X:	installment		
			Total- Option Buy-out		\$

Payment and Authorization

Player Name: _____

Print Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Payment Info: CASH _____

Check No(s): _____ Amount(s): \$ _____

Credit Card Number: MC VISA _____ - _____ - _____ - _____ Exp. Date ____ / ____ CVS _____

Signature Authorization X : _____

*By signing this agreement, you agree to the payment and terms listed. The funds contributed to BOHS Boosters may be tax deductible. Please consult your accountant for details.