



PRISAA

Private Schools Athletic Association

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)	1 st Semester	2 nd 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			
<small>Please attach separate sheet if necessary</small>			
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)	<input type="checkbox"/>	P 5,000.00	Make check payable to <u>PRISAA Sports Foundation Inc.</u>
ANNUAL DUES COLLECTION PAYMENT (pls. check)	<input type="checkbox"/>	P 2,500.00	Make check payable to <u>PRISAA Sports Foundation Inc.</u>

Certified by:

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 or nationalprisaa@gmail.com
Accomplish in 4 copies: school, cluster, region, national

SCHOOL SEAL