

**Parent Giving Contract for 2009-2010**

Tuition only covers approximately 75% of your son’s education at Don Bosco Tech, I (we) will support the school by participating in the Parents’ Giving Program by selecting one of the options listed below.

1. If you have more than one son enrolled at Don Bosco Tech, please complete/submit only **one contract per family**.
2. A \$50 late fee will be assessed if contract is submitted after May 11, 2009.
3. Options A & B3 – please be advised that if your son participates in the athletics program, additional hours may be required by each Athletic Booster.
4. Please do not include your Parents’ Giving contract fee with your registration fee; failure to issue a separate check may result in non-credit to your Parents’ Giving account.
5. Fees are non-refundable.

**OPTION A – Bingo Team Member**

I (we) agree to volunteer on a Bingo Team. Volunteers are assigned to eleven teams that rotate weekly. The schedule begins in July 2009; approximately 26-28 volunteer hours are served (5 Saturdays per year). **NO OTHER VOLUNTEER HOURS CAN REPLACE BINGO HOURS.** If you are a new Bingo Team Member and desire to be assigned to the same team as a fellow Don Bosco Tech parent, please place both contracts together in an envelope and submit to the Parent Liaison by the due date. If you are a returning Team Member, please provide the following information:

Team Number: \_\_\_\_\_ Previously Worked Position/s: \_\_\_\_\_

***Please note: A \$100 charge will be billed to you for each Bingo date not worked. One reschedule date is allowed without penalty. Parents are responsible for contacting DBTI, Margie Saldibar, to reschedule dates. 626.940.2147***

**OPTION B1-B3 – Time & Treasure**

**B1**  I (we) agree to volunteer to work 20 hours and donate \$75.00 or **B2**  10 hours on any of the events listed below and donate \$250.00. **B3**  Due to other commitments, I (we) are unable to volunteer. I (we) will make a tax deductible \$500.00 donation. Choice elections are not guaranteed; please select a minimum of four events in order of preference:

- |  |  |
|--|--|
| <input type="checkbox"/> Annual Parents’ Association Fundraiser<br><input type="checkbox"/> Parent Blood Drive 3 hrs. 4 X yearly<br><input type="checkbox"/> Faculty Appreciation Luncheon (August 2009)<br><input type="checkbox"/> Dance Chaperone (5 dances per year, 6:45 – 11:45 p.m.)<br><input type="checkbox"/> Freshmen Mothers’ Luncheon (September 2009)<br><input type="checkbox"/> Father and Son Communion Breakfast (March 2009)<br><input type="checkbox"/> Parents’ Association Board, Boosters, Elected officer,<br>Organization/Position: _____ | <input type="checkbox"/> Misc. school functions (i.e.: Open House etc.)<br><input type="checkbox"/> Band Boosters<br><input type="checkbox"/> Office Assistant (various times, as needed)<br><input type="checkbox"/> Freshman Retreat Salesian Experience (overnight 32 hrs.)<br><input type="checkbox"/> Freshman Make-up Retreat, 8 hours<br><input type="checkbox"/> Sophomore Retreat Youth Day, 15 hours<br><input type="checkbox"/> Junior Retreat – Museum of Tolerance, 8 hours<br><input type="checkbox"/> Senior Retreat – (Not Kairos Retreat), 8 hours only |
|--|--|

***Please note: A \$25 per hour charge will be billed to you for each hour not worked.***

**Giving Options**

- OPTION A**– Bingo  
 **OPTION B1** – Attach check for \$75 - Work 20 hours     **OPTION B2**– Attach check for \$250 - Work 10 hours  
 **OPTION B3**– \$500 check or  Credit Card Option  
 Please charge my Credit Card:  Visa  Master Card. Billing will occur the, 15<sup>th</sup> of the month.  
 I wish to be billed  Monthly  Quarterly  Annually  Other \_\_\_\_\_  
 CC # \_\_\_\_\_ Expires \_\_\_\_\_ 3- digit security code \_\_\_\_\_

**Campaign begins June 1, 2009 – April 30, 2010 except Bingo**

Please complete and sign reverse side ↵

## One Contract Per Family

I (we) understand that the Parents' Association contract is non-negotiable. I (we) must submit this completed and signed contract by May 11, 2009 or I (we) will be billed \$500, plus the associated late fee.

If I (we) fail to fulfill the minimum number of volunteer hours (20 hours), I (we) will be billed \$25 per hour for each unfulfilled hour. I (we) will be billed in May 2010 for the hours I (we) have failed to work. I (we) further understand that it is my (our) responsibility to actively seek volunteer opportunities by contacting those responsible for various events to let them know of my (our) availability. If I (we) have made a commitment to serve as a Bingo Team Member, I (we) understand that I (we) will be charged \$100 for each missed Bingo date. See note Option A.

\_\_\_\_\_  
*Please Print Parent/Guardian's Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Home Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

\_\_\_\_\_  
*Home Phone Number*

**DEADLINE - MAY 11, 2009. Campaign begins June 1, 2009 – April 30, 2010 except Bingo**  
*Please make checks payable to Don Bosco Technical Institute and submit form to, DBTI, attention: Margie Saldibar*

### PLEASE PRINT ALL INFORMATION

#### Father's Information

\_\_\_\_\_  
*First Name*

\_\_\_\_\_  
*Last Name*

\_\_\_\_\_  
*Employer/Occupation*

\_\_\_\_\_  
*Home Telephone Number*

\_\_\_\_\_  
*Work Telephone Number*

\_\_\_\_\_  
*Cellular Telephone Number*

\_\_\_\_\_  
*E-mail Address*

#### Mother's Information

\_\_\_\_\_  
*First Name*

\_\_\_\_\_  
*Last Name*

\_\_\_\_\_  
*Employer/Occupation*

\_\_\_\_\_  
*Home Telephone Number*

\_\_\_\_\_  
*Work Telephone Number*

\_\_\_\_\_  
*Cellular Telephone Number*

\_\_\_\_\_  
*E-mail Address*

#### Student's Information (09/10 School Year)

*(If student is an incoming freshman, leave ID Number blank)*

\_\_\_\_\_  
*First Name*

\_\_\_\_\_  
*Last Name*

\_\_\_\_\_  
*Grade*

\_\_\_\_\_  
*Student ID Number*

\_\_\_\_\_  
*First Name*

\_\_\_\_\_  
*Last Name*

\_\_\_\_\_  
*Grade*

\_\_\_\_\_  
*Student ID Number*