



<b>OFFICIAL USE ONLY</b>
Receipt #: _____
Check #: _____
Ck Amt. \$: _____
Cash \$: _____

**LAKE HAVASU UNIFIED SCHOOL DISTRICT #1**  
 2200 Havasupai Blvd. **Building A**, Lake Havasu City, AZ 86403-3798  
**Phone: (928) 505-6917, Fax: (928) 505-6980**  
**www.havasus.k12.az.us**

**EXTRACURRICULAR ACTIVITY FEE TAX CREDIT**

**This payment is eligible for the Arizona State income tax credit as allowed by A.R.S. §43-1089.01.**  
 Please consult with your personal tax preparer to determine the application of this credit. If you mail in your form and check, a pre-numbered receipt will be mailed to you.

Please fill out one form per contributor. **PLEASE PRINT. Make check payable to** Lake Havasu Unified School District #1, 2200 Havasupai Blvd. **BUILDING A**, Lake Havasu City, AZ. 86403-3798.

Contributor/Taxpayer (One Name Only): \_\_\_\_\_ Date: \_\_\_\_\_  
 Contributor/Taxpayer Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

*Please select your participation amount:*

\$ \_\_\_\_\_ **Maximum of up to \$200 (AZ Income tax filing: Single or Widowed)**  
 \$ \_\_\_\_\_ **Maximum of up to \$400 (AZ Income tax filing: Married Filing Jointly)**

*Please select your school preference:*

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Lake Havasu High School   | <input type="checkbox"/> Smoketree Elementary  | <input type="checkbox"/> Havasupai Elementary |
| <input type="checkbox"/> Round Table Program       | <input type="checkbox"/> Oro Grande Elementary | <input type="checkbox"/> Starline Elementary  |
| <input type="checkbox"/> Thunderbolt Middle School | <input type="checkbox"/> Nautilus Elementary   | <input type="checkbox"/> Jamaica Elementary   |

*Please check the box of your choice:* (Check <http://www.havasus.k12.az.us/> for Preference List)

- No Preference (Distributed based on program need.)**  
 **Preference if any:** \_\_\_\_\_  
 \*Must be from approved preference list only.

**If designating Middle School or High School students, complete below:**

**NEW!!! The high school Sport fee is \$400 per athlete per school year. NO FAMILY CAP.**  
**T-Bolt Sport fee is \$100 per Athlete per sport except Soccer is \$75 per athlete. NO FAMILY CAP.**

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_ Activity: \_\_\_\_\_ Amt: \_\_\_\_\_

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Student's Name: \_\_\_\_\_ School: \_\_\_\_\_ Activity: \_\_\_\_\_ Amt: \_\_\_\_\_

School District Official's Signature: \_\_\_\_\_