



<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.havasu.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:*

- Lake Havasu High School
- Round Table Program
- Thunderbolt Middle School
- Smoketree Elementary
- Oro Grande Elementary
- Nautilus Elementary
- Havasupai Elementary
- Starline Elementary
- Jamaica Elementary

*Please check the box of your choice:* (Check [www.havasu.k12.az.us](http://www.havasu.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:**

**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 per School Year. NO FAMILY CAP.**

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

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

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