



**BOYS & GIRLS CLUBS
OF BEND**

2017 Tax Information

Date: ___/___/___

Club Member Name: _____
Club Member Name: _____
Club Member Name: _____
Club Member Name: _____

After School Attendance (check all that apply): (\$100/month or \$150/month for Jr. Club)

Or Scholarship Amount: \$ _____/month

___ January ___ February ___ March ___ April ___ May
___ June ___ September ___ October ___ November ___ December

Full Day Attendance (mark # of days attended): (\$20/day per child)

Or Scholarship Amount: \$ _____/month

___ January ___ February ___ March ___ April ___ May
___ June ___ September ___ October ___ November ___ December

Summer Attendance (check all weeks that apply): (\$110 or \$125/week per child)

Or Scholarship Amount: \$ _____/month

June: ___ 26th-30th **July:** ___ 5th-7th ___ 10th-14th ___ 17th-21st ___ 24th-28th
August: ___ July 31st- August 4th ___ 7th-11th ___ 14th-18th ___ 21st-25th

Annual Membership: (\$25/child)

___ 1 member ___ 2 members ___ 3 members ___ 4 members

Total amount paid in 2017: \$ _____

Boys & Girls Clubs of Bend Tax ID #: 93-1127536