



MY PAYMENTS PLUS REQUEST FORM

This form must be submitted to Emily Kiernan in the school office at least one week prior to the event registration start date on MyPayments Plus – email to emkiernan@cbsd.org

Activity Name <i>(as it will appear on MPP)</i>	
Category	Cold Spring Activities
Description <i>(as it will appear on MPP)</i>	
Event Date	
Event Times	
Venue & Address	
Event Times	
Registration Dates	Start date: _____ <i>(min 2 weeks prior to event)</i> End date: _____
Ticket Limit	Yes <input type="checkbox"/> _____ No <input type="checkbox"/> <i>Is there a limited number of tickets available? Please indicate if so.</i>
Event Cost	\$ _____ <i>Add 4% on to the total cost (for MPP processing fees) and round up to nearest dollar – this will be the cost that parents pay per student</i>
Waiver	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Please attached if so indicate if so.</i>
Event Coordinators	1. _____ 2. _____
Email Notifications (Event Chairs & HSA)	Daily <input type="checkbox"/> Weekly <input type="checkbox"/> 1. <u>Coldspringhsa.treasurer@gmail.com</u> 2. _____ 3. _____ 4. _____
Attachments	Parent Permission will be collected electronically through MPP. As parents register and pay, you will receive daily emails with a spreadsheet that collates all of the student information. If any other information is required, please note here: <input type="checkbox"/> Waiver <input type="checkbox"/> Registration Form <input type="checkbox"/> Other _____

Requested by: _____ Signed: _____ Date: _____

Approved by: _____ Signed: _____ Date: _____

Forms must be signed off by the Event Organizer and an HSA Board Member before it can be processed.