



Coral Gables Preparatory Academy PTSA 2016-2017 Sponsorship Opportunities



(Educational Enhancements & Incentives, Instructional Expenses & Student/Teacher Appreciation)

There are a number of sponsorship opportunities for families who are able to contribute financially to our school. If you are interested in making a tax-deductible donation, please mark the activity(s) that most interests you and return the form to your child's teacher along with your contribution. Any donation amount is greatly appreciated.

Programs/Incentives

Projected Expenses

<input type="checkbox"/> Accelerated Reader/Renaissance & STAR Programs.....	\$7,500.
<input type="checkbox"/> Media Center/Books for Lower & Upper Academies.....	\$1,000.
<input type="checkbox"/> Reading Programs (AR & SSYRA)	\$1,300.
<input type="checkbox"/> Honor Roll Awards/3x year.....	\$1,500.
<input type="checkbox"/> A1A Principal's Honor Roll Luncheon.....	\$1,500.
<input type="checkbox"/> End of Year Awards.....	\$1,200.
<input type="checkbox"/> Student-of-the-Month Ceremonies.....	\$2,000.
<input type="checkbox"/> Kindergarten Art.....	\$300.
<input type="checkbox"/> First Grade Art.....	\$300.
<input type="checkbox"/> Music Department Supplies.....	\$1,000.
<input type="checkbox"/> Chorus Supplies.....	\$1,000.
<input type="checkbox"/> Art Department Supplies (Lower & Upper Academies)	\$500.
<input type="checkbox"/> Drama Department Supplies (Upper Academy)	\$500.
<input type="checkbox"/> P.E. Department Supplies: Lower & Upper Academies.....	\$750.
<input type="checkbox"/> Upper Academy Intramural Sports Supplies.....	\$750.
<input type="checkbox"/> Teacher Appreciation Week.....	\$1,500.

***Please accept my donation of \$_____ to contribute to the cost of the PTSA initiative(s) I have selected.**

Please make checks payable to: **Coral Gables Preparatory Academy PTSA** or **CGPA PTSA**.

Please return this form along with your payment to your child's teacher.

Sponsor Name: _____ Student Name: _____

Email address: _____ Telephone#: _____

Teacher's Name: _____ Grade Level: _____

FOR OFFICE/TREASURER USE ONLY

AMOUNT _____ PAYMENT TYPE _____ DATE RECEIVED _____