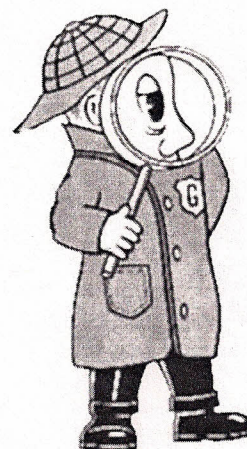


Fundraising Form
Garfield Athletic Boosters



Sport _____

Type of Fundraiser _____

Date (s) _____

Requested by: _____

Booster Approval Received Yes No

Name and Address of Vendor _____

Final Accounting (to be completed at end of sale/event)

Total Deposits with Treasurer _____

(Checks only)

Total to be Accounted for (-) _____

Unaccounted (explain) _____
