Evergreen Public Schools

BOOSTER CLUB CONTRIBUTIONS MONETARY/INKIND SERVICES

School:_ _____

Advisor:_____

School Year:_____

Name of Booster Club:_____

Chairperson	Financial Institution	Account #	Amount of Contribution	Date	Purpose	Inkind	Total
Comments:						Total	

Steve Getsinger
Director of School Services/Athletics

Phone: 360-604-4095
Fax: 360-604-4133
Email: steve.getsinger@evergreenps.org

Employee signature: _____

Date: _____

District Approval:_____
Director of School Services/Athletics

Date::_____

Original: ASC **Copy: BUILDING** **Copy: GROUP**