

ATHLETIC TICKET TAKERS, FILMERS AND/OR FFA PARKING CARS
(Circle One of the Above)

Name of Teacher or Organization

Date of Event

Athletic Event

Jr. High ____ Sr. High ____

Amount to be reimbursed \$ _____

Teacher/Sponsor Signature

To be completed the day following the event, left in principal's office and then forwarded to the superintendent's office for payment.

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