



Please send at least one week prior to sale

Board Agenda Approval (if needed): _____

School: _____

Grade(s) / Group: _____

Person Requesting C.P. Set Up : _____

Dept: _____ Phone: _____ Email: _____

First & Last Name of Teacher(s)/Advisor(s): _____ **EMAIL@wayneschools.com** (If more than 6 use back of form)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Community Pass START Date/Time: _____ Community Pass END Date/Time: _____

CLUB DUES:

Club: _____	Cost: _____
Club: _____	Cost: _____
Club: _____	Cost: _____

MERCHANDISE ORDERS:

(If more use back of form)

Item: _____	Size(s): _____	Cost: _____
Item: _____	Size(s): _____	Cost: _____
Item: _____	Size(s): _____	Cost: _____
Item: _____	Size(s): _____	Cost: _____
Item: _____	Size(s): _____	Cost: _____
Item: _____	Size(s): _____	Cost: _____
Item: _____	Size(s): _____	Cost: _____

PARKING LISTINGS:

Item: _____	Cost: _____
Item: _____	Cost: _____
Item: _____	Cost: _____

Comments & Instructions: *Please list in comments: 1) any limits on number of items that may be purchased, 2) any options for personalization, 3) any necessary wording

Advisor/Principal Approval: _____ Date: _____

AFTER THE EVENT

Total from Community Pass collected: \$		\$
Donation if any: \$		\$
Total amount for items: \$		\$
Total collected: \$		Total paid: \$
Minus total paid: \$		
BALANCE: \$		

Attach any approved paperwork with this form to payments@wayneschools.com & keep a copy for your records.