



All Star Athletics Foundation  
FUNDRAISING SIGN-IN SHEET

**PLEASE PRINT CLEARLY**

Date: \_\_\_\_\_ Location: \_\_\_\_\_

SHIFT	ATHLETE'S NAME	PARENT'S NAME	TEAM

**Reminder if your name can not be read you may forfeit your share!**

SHIFT	\$ AMOUNT COLLECTED	COUNTED BY (PARENTS INITIALS)	COUNTED BY (PARENTS INITIALS)

**Please place this sheet inside 3<sup>rd</sup> shifts sealed manila envelope with your money.**  
**Thank you!**

<u>G.F. 5%</u> _____		<u>Office use only</u>	
<u>Total amount</u> _____		<u>Amount to each</u>	_____