

**Ceres High School  
ASB Fund-Raiser Participation Form**

I give permission for \_\_\_\_\_ to participate in the (date) \_\_\_\_\_  
\_\_\_\_\_ fund-raisers sponsored by the \_\_\_\_\_.

I understand I/they will be financially responsible for items released to them for sale and any funds they are to collect.

\_\_\_\_\_  
Student name PRINT

\_\_\_\_\_  
Student ID#

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Phone number

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