



8th Grade Gift Funds Application

(Please submit ONE application per 8th Grade Team)

Date: _____ Team: _____

Team Teachers: _____

Email Address of Contact Person From Team: _____

Please Describe the Gift Your Team Plans to Give to the Students on Your Team:

Amount Requesting *(each team had been allotted \$525 from the PTO)*: _____

Payment Should be Made Payable to: _____

Address Where Check Should be Mailed to: _____

Please mail the original receipt for your gift to SLRMS % SLRMS PTO.