



EBAY FORM

STUDENTS NAME: _____

PARENT/ GUARDIAN CONTACT NUMBER:

Home: _____ **Cell:** _____

I, _____, THE PARENT/ GUARDIAN OF THE ABOVE STUDENT AGREE TO THE SALE OF THIS ITEM BY THE LAKE CENTRAL BAND BOOSTERS.

PARENTS SIGNATURE _____

ITEM DESCRPTION:

CHOOSE ONE:

IF THIS ITEM DOES NOT SELL PLEASE RETURN TO STUDENT _____
IF THIS ITEM DOES NOT SELL PLEASE DONATE TO THE BAND PROGRAM: _____

CHOOSE ONE:

PLEASE CREDIT 50 % TO THE STUDENTS IBA ACCOUNT _____
PLEASE CREDIT 100% OF THIS SALE TO THE BAND PROGRAM _____

OFFICE USE:

Congratulations _____ **your item sold for \$** _____ **you have earned \$** _____ **toward your IBA account!**