Brawley Union High School
Associated Student Body
(ASB)

Club Permission Slip

_____ has permission to participate as a member of the
Student Name (Please print)

_____ at Brawley Union High School for the

2014-2015 school year. A copy of the club's constitution is on file and available for

review at the BUHS ASB office.

_____ _____
Date Parent/Guardian Signature

BUHS ASB Club Fundraiser Participation Consent

I give permission for my child to participate in fundraising activities sponsored by the

club under the guidelines set forth by the BUHS ASB. I understand I /my child will be

financially responsible for items released to them for sale and any funds they are to

collect.

_____ _____ _____ _____
Date Parent Signature Date Student Signature

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