

LAKE FOREST HIGH SCHOOL
ASSOCIATION OF PARENTS AND TEACHERS

Summary of Revenue Collected

Event/Activity _____

Date _____

Contact Name _____

Telephone _____

Date of Event/Activity _____

REVENUE ENCLOSED

Checks \$ _____

Currency \$ _____

Coin \$ _____

Total \$ _____

Source of Funds _____

Comments: _____

Please forward completed form and attachments to:

Terri Karst
175 Pembroke Drive
Lake Forest, IL 60045

Terri Karst, APT
Lake Forest High School
1285 N. McKinley Road
Lake Forest, IL 60045