SAYREVILLE MIDDLE SCHOOL PTO 7TH GRADE FUNDRAISER

For Fun Day and other programs

CANDY SALE: Each box of candy contains a variety of 60 WORLD'S FINEST CHOCOLATE bars that cost $1.00 each. Candy sold will help fund Fun Day and other programs.

PERMISSION SLIP: Return the slip below to the PTO via your homeroom teacher by Friday, Feb.22nd. The candy can be picked up at the PTO table during recess on Tuesday, February 26 or Wednesday , February 27th. There are a limited number of boxes that will be available. If candy is not picked up by your child by Wednesday, February 27th, we cannot guarantee them a box.

PAYMENT: Each box will have a payment envelope. **Please write your child's name and homeroom number on it!** The PTO cannot be responsible for improperly labeled payment. Payment envelopes will be collected from March 5th to March 21st **on Tuesdays and Thursdays during lunch recess. Please remember, no money will be accepted in the office, PTO mailbox or from any teacher.** All payments are due by March 21st. Please send checks payable to the SMS PTO. Returned checks are subject to a $10.00 bank fee.

PRIZES: ALL Payments brought back will receive a Prize grab box. The TOP SCHOOL SELLER* will earn a $50.00 GIFT CARD! SECOND highest school seller* will receive A $25.00 GIFT CARD! *As of MARCH 21st payments received**

IMPORTANT!! Please keep in mind that we cannot take back partially sold boxes. Also, please do not allow your child to sell door-to-door and no candy is to be sold during the school day.

If you have any questions, please contact the PTO at sriverasmspto@aol.com.

****** CANDY BARS MAY CONTAIN PEANUTS AND/OR NUTS ******

♦♦

7th Grade Candy Permission Slip

I give permission for my child to participate in the candy sale. In doing so, I agree to accept financial responsibility for the candy they take home and the money they receive. I understand my child will be excluded from all PTO sponsored events until ALL payments are received.

Student's Name: ________________________________ Home room #___________________

Parent's Name: ____
(Please print clearly)

Parent's Signature: ____

Phone # ____

Email address: ____

Please circle number of boxes requested @ pick up: 1 2

Please initial (optional):
______ I also give my child permission to acquire additional boxes to sell. Additional boxes may be requested while supplies last. Please note the prior boxes MUST be paid for prior to receiving additional boxes.