ASB Services Agreement
Northshore School District

1. Parties: The parties to this agreement are the __________ ASB student group and the __________ PTSA/PTA/Booster Club Parent Group. (Circle one)

2. Effective date: This agreement is effective beginning _______ and ending _______, 20__.

3. Describe in detail the services to be provided & by whom:

4. Compensation: The __________ will pay the __________ a fee of $______ or ______% of __________ in the form of a check for services provided. Payment will be made within 30 days of Completion of Work indicated below.

APPROVAL - Prior to work performed
Authorized signature (Principal): _____________ Date: __________
ASB Budget number: ________________
ASB Activity Coordinator or Athletic Director: ________________
Parent Group Representative: _____________ Title: ________________
Parent Group Phone: _____________ Date: _____________
ASB Student President: ________________
ASB Bookkeeper: ________________

COMPLETION OF WORK – Required for payment – Signatures indicate work has been performed and accepted.
Authorized signature (Principal): _____________ Date: __________
ASB Student President: ________________
ASB Activity Coordinator or Athletic Director: ________________
Parent Group Representative: _____________ Date: _____________
ASB Bookkeeper: ________________
Amount approved for payment: $______________ (Add attachments if needed)

Check #: __________ Amount: $______________ Date: _____________

Copies: ASB Bookkeeper Parent Group