



HICKORY CREEK ELEMENTARY
Parent Teacher Organization

HCE Helping Hands

Name of Teacher: _____ Grade Level: _____

Event Name: _____ Event Date: _____

Event Description: _____

Cost per student: \$ _____ Number of Students: _____ Total Requested: \$ _____

Please submit request form no later than 14 days prior to the event to allow for sufficient time to receive payment from HCE PTO.

Requestor signature: _____ Principal signature: _____

HCE PTO USE ONLY:

[] Approved / Amount: _____

[] Denied

PTO President signature: _____

PTO Treasurer signature: _____