



Dexter Co-Op Nursery, Inc.

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### **Paid Assist Form**

Date of Assist: \_\_\_\_\_

Person Who Assisted: \_\_\_\_\_

Child's Class and Mailbox Number: \_\_\_\_\_

Person Who Was Scheduled to Assist on Schedule: \_\_\_\_\_

Assist

Non-Assist

Child's Class: \_\_\_\_\_

Amount: \_\_\_\_\_

Treasurer's Documentation:      Check Number Paid: \_\_\_\_\_      Date: \_\_\_\_\_

Check Number Received: \_\_\_\_\_      Date: \_\_\_\_\_