

Fund-Raising Activities—Fund Raiser Request

NELSON COUNTY SCHOOLS

Fund Raiser Request

SCHOOL New Haven ☒ SCHOOLWIDE FUND RAISER
CLUB/GROUP General
SPONSOR(S) Leah Hardin
FUND RAISING ACTIVITY Kona Ice

DATE OF FUND RAISER: From monthly Aug to May

LOCATION OF FUND RAISER:

- ☒ School
☐ Door-to-Door Sales (with accompanying adult)
☐ Business Community
☐ Local Business Property _____
Name of Business _____
☐ Other _____

NAME OF COMPANY/ORGANIZATION Kona Ice *Please specify*

ADDRESS OF COMPANY/ORGANIZATION _____

TELEPHONE NUMBER OF BUSINESS _____

APPROXIMATE AMOUNT OF REVENUE TO BE RETAINED AT SCHOOL \$ 1000.00 for year

ANTICIPATED USE OF FUNDS books

[Signature] _____
Sponsor's Signature Date

[Signature] _____
Principal's Signature Date

Superintendent/Designee's Signature Date

To Be Completed by Central Office Designee

Schoolwide fund-raising activities require Board approval.

Check: ☐ Approved ☐ Disapproved Date of Board Action: _____ Order # _____