

Fund-Raising Activities—Fund Raiser Request

NELSON COUNTY SCHOOLS

Fund Raiser Request

SCHOOL New Haven School ☐ SCHOOLWIDE FUND RAISER
 CLUB/GROUP Library
 SPONSOR(S) Melissa Newton
 FUND RAISING ACTIVITY Frosty Fruit

DATE OF FUND RAISER: From September 2018 to May 2019
 LOCATION OF FUND RAISER:

☒ School☐ Door-to-Door Sales (with accompanying adult)☐ Business Community☐ Local Business Property _____*Name of Business*☐ Other _____*Please specify*NAME OF COMPANY/ORGANIZATION Frosty FruitADDRESS OF COMPANY/ORGANIZATION 405 Half Hitch Ct.
Woodstock, GA 30188TELEPHONE NUMBER OF BUSINESS 800-806-8959

APPROXIMATE AMOUNT OF REVENUE TO BE RETAINED AT SCHOOL \$ _____

ANTICIPATED USE OF FUNDS _____

Melissa Newton 8-23-18
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 # _____

Fund-Raising Activities—Fund Raiser Request

NELSON COUNTY SCHOOLS

Fund Raiser Request

SCHOOL New Haven School ☐ SCHOOLWIDE FUND RAISER
 CLUB/GROUP Library
 SPONSOR(S) Melissa Newton
 FUND RAISING ACTIVITY Economics Fair

DATE OF FUND RAISER: From November 2018 to December 2018

LOCATION OF FUND RAISER:

☒ School

☐ Door-to-Door Sales (with accompanying adult)

☐ Business Community

☐ Local Business Property

Name of Business

☐ Other

Please specify

NAME OF COMPANY/ORGANIZATION

ADDRESS OF COMPANY/ORGANIZATION

TELEPHONE NUMBER OF BUSINESS

APPROXIMATE AMOUNT OF REVENUE TO BE RETAINED AT SCHOOL \$

ANTICIPATED USE OF FUNDS

Melissa Newton
Sponsor's Signature

8-23-18
Date

[Signature]
Principal's Signature

Date

Superintendent/Designee's Signature

Date

To Be Completed by Central Office Designee

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STUDENTS

09.33 AP.21

Fund-Raising Activities—Fund Raiser Request

NELSON COUNTY SCHOOLS
Fund Raiser Request

SCHOOL New Haven ☒ SCHOOLWIDE FUND RAISER
CLUB/GROUP Library
SPONSOR(S) Melissa J Newton
FUND RAISING ACTIVITY T-Shirt Sales

DATE OF FUND RAISER: From September 2018 to May 2019

LOCATION OF FUND RAISER:

☒ School

☐ Door-to-Door Sales (with accompanying adult)

☐ Business Community

☐ Local Business Property

Name of Business

☐ Other

Please specify

NAME OF COMPANY/ORGANIZATION

ADDRESS OF COMPANY/ORGANIZATION

TELEPHONE NUMBER OF BUSINESS

APPROXIMATE AMOUNT OF REVENUE TO BE RETAINED AT SCHOOL \$

ANTICIPATED USE OF FUNDS

Melissa Newton

Sponsor's Signature

8-23-18

Date

[Signature]

Principal's Signature

Date

Superintendent/Designee's Signature

Date

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NELSON COUNTY SCHOOLS
Fund Raiser Request

SCHOOL New Haven ☐ SCHOOLWIDE FUND RAISER

CLUB/GROUP Library

SPONSOR(S) Nelson County

FUND RAISING ACTIVITY Fund Raiser

DATE OF FUND RAISER: From September 2018 to _____

LOCATION OF FUND RAISER:

☒ School

☐ Door-to-Door Sales (with accompanying adult)

☐ Business Community

☐ Local Business Property _____

Name of Business

☐ Other _____

Please specify

NAME OF COMPANY/ORGANIZATION _____

ADDRESS OF COMPANY/ORGANIZATION _____

TELEPHONE NUMBER OF BUSINESS _____

APPROXIMATE AMOUNT OF REVENUE TO BE RETAINED AT SCHOOL \$ _____

ANTICIPATED USE OF FUNDS _____

[Signature]
Sponsor's Signature

8-29-18
Date

[Signature]
Principal's Signature

Date

Superintendent/Designee's Signature

Date

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NELSON COUNTY SCHOOLS

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SCHOOL New Haven ☐ SCHOOLWIDE FUND RAISER
CLUB/GROUP Library
SPONSOR(S) Melissa Newton
FUND RAISING ACTIVITY Donors choose

DATE OF FUND RAISER: From August 2018 to May 2019
LOCATION OF FUND RAISER:

- ☐ School
☐ Door-to-Door Sales (with accompanying adult)
☐ Business Community
☐ Local Business Property _____
☒ Other Internet _____
Please specify

NAME OF COMPANY/ORGANIZATION Donors choose
ADDRESS OF COMPANY/ORGANIZATION _____

TELEPHONE NUMBER OF BUSINESS _____
APPROXIMATE AMOUNT OF REVENUE TO BE RETAINED AT SCHOOL \$ _____
ANTICIPATED USE OF FUNDS _____

Melissa Newton 8-27-18
Sponsor's Signature Date

[Signature] _____
Principal's Signature Date

Superintendent/Designee's Signature Date

To Be Completed by Central Office Designee

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STUDENTS

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NELSON COUNTY SCHOOLS

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SCHOOL New Haven School ☐ SCHOOLWIDE FUND RAISER
CLUB/GROUP PTO
SPONSOR(S) Alana Greenwell
FUND RAISING ACTIVITY Haunted House + chili dinner

DATE OF FUND RAISER: From Oct. 12 or Nov. 2 to _____
(not sure yet)

LOCATION OF FUND RAISER:

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

NAME OF COMPANY/ORGANIZATION _____

ADDRESS OF COMPANY/ORGANIZATION _____

TELEPHONE NUMBER OF BUSINESS _____

APPROXIMATE AMOUNT OF REVENUE TO BE RETAINED AT SCHOOL \$ 900

ANTICIPATED USE OF FUNDS student needs + technology

Alana Greenwell 08/27/18
Sponsor's Signature Date

[Signature] _____
Principal's Signature Date

Superintendent/Designee's Signature Date

To Be Completed by Central Office Designee

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STUDENTS

09.33 AP.21

Fund-Raising Activities—Fund Raiser Request

NELSON COUNTY SCHOOLS

Fund Raiser Request

SCHOOL New Haven School ☐ SCHOOLWIDE FUND RAISER
CLUB/GROUP School - general funds
SPONSOR(S) Leah Hardin
FUND RAISING ACTIVITY Fall Festival - games, t-shirts, hayride, concessions, inflatables

DATE OF FUND RAISER: From Oct. 12 or Nov. 2 to _____

LOCATION OF FUND RAISER:

☒ School

☐ Door-to-Door Sales (with accompanying adult)

☐ Business Community

☐ Local Business Property _____

Name of Business

☐ Other _____

Please specify

NAME OF COMPANY/ORGANIZATION _____

ADDRESS OF COMPANY/ORGANIZATION _____

TELEPHONE NUMBER OF BUSINESS _____

APPROXIMATE AMOUNT OF REVENUE TO BE RETAINED AT SCHOOL \$ 1500

ANTICIPATED USE OF FUNDS Student needs + technology

[Signature]
Sponsor's Signature

08/27/18
Date

[Signature]
Principal's Signature

Date

Superintendent/Designee's Signature

Date

To Be Completed by Central Office Designee

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STUDENTS

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NELSON COUNTY SCHOOLS
Fund Raiser Request

SCHOOL New Haven School ☐ SCHOOLWIDE FUND RAISER
CLUB/GROUP school-general funds
SPONSOR(S) Leah Hardin
FUND RAISING ACTIVITY Fall Festival- cake wheel, silent auction

DATE OF FUND RAISER: From Oct. 12 or Nov 2 to _____
(not sure)

LOCATION OF FUND RAISER:

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

NAME OF COMPANY/ORGANIZATION _____

ADDRESS OF COMPANY/ORGANIZATION _____

TELEPHONE NUMBER OF BUSINESS _____

APPROXIMATE AMOUNT OF REVENUE TO BE RETAINED AT SCHOOL \$ 1500

ANTICIPATED USE OF FUNDS student needs & technology

~~Diana Yount~~ ROA 08/27/18
Sponsor's Signature Date

~~ROA~~
Principal's Signature Date

Superintendent/Designee's Signature Date

To Be Completed by Central Office Designee

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