**FUNDRAISING REQUEST**

**Gallatin County Schools**

**NAME OF ORGANIZATION:**Gallatin Elementary PTO

**SCHOOL SPONSOR: Joe Wright**

**DATE OF REQUEST: 8/24 DATE(S) SCHEDULED: 9- 13-2011**

**Name of Company: PTO**

 **Address:** Click here to enter text.

 **Phone Number: 567-6340 Fax Number:** Click here to enter text.

**DESCRIBE THE FUND RAISING ACTIVITY: selling t-shirts for school spirit**

**PERCENTAGE OF PROFITS: 50% DATE OF SALE 9/13/11**

**PRIZE PROGRAM: none**

**(APPROVAL OF FUND RAISING REQUEST MUST BE OBTAINED FROM THE BOARD OF EDUCATION BEFORE ANY FUNDRAISING ACTIVITY CAN TAKE PLACE).**

**SIGNATURE OF SPONSOR: Sarah Murriel and Shelly Simpson**

**SIGNATURE OF PRINCIPAL: Joe Wright**

 **(FOR BOARD USE ONLY)**

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**DATE OF MEETING: \_\_\_\_\_\_\_\_\_\_\_\_ CHAIRPERSON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SUPERINTENDENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**