**FUNDRAISING REQUEST**

**Gallatin County Schools**

**NAME OF ORGANIZATION:**TSA

**SCHOOL SPONSOR: Andrew Lovett**

**DATE OF REQUEST: 8-29-11 DATE(S) SCHEDULED: 9-26-11 – 10-21-11**

**Name of Company: Audrey’s Cake Rolls**

 **Address: 5615 South St. Rd. 59, Rockville, IN 47872**

 **Phone Number: 765-344-1880 Fax Number: N/A**

**DESCRIBE THE FUND RAISING ACTIVITY: Cake Rolls**

**PERCENTAGE OF PROFITS: 36% DATE OF SALE 9-26-11 – 10-21-11**

**PRIZE PROGRAM: No**

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

**SIGNATURE OF SPONSOR: Andrew Lovett**

**SIGNATURE OF PRINCIPAL: Roxann Booth**

 **(FOR BOARD USE ONLY)**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

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

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