

FUNDRAISING REQUEST
Gallatin County Schools

NAME OF ORGANIZATION: Resource Room 204

SCHOOL SPONSOR: Gallatin County Middle and Upper Resource Room

DATE OF REQUEST: October 1, 2011 **DATE(S) SCHEDULED:** All year

Name of Company: Gallatin County Café Resource Room

Address: 88 Pal Print Path

Phone Number: (859)- 567-5860 **Fax Number:** _____

DESCRIBE THE FUND RAISING ACTIVITY: Making Coffee and treats

PERCENTAGE OF PROFITS: Minus the expenses of grocery **DATE OF SALE** Various
days in the year

PRIZE PROGRAM: The money raise will be used for CBI Trips.

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

SIGNATURE OF SPONSOR: Mety Sherman

SIGNATURE OF PRINCIPAL: _____

(FOR BOARD USE ONLY)

DATE OF MEETING: _____ **CHAIRPERSON:** _____

SUPERINTENDENT: _____