

FUNDRAISING REQUEST
Gallatin County Schools

NAME OF ORGANIZATION *HCMS*

SCHOOL SPONSOR: *K. Jones*

DATE OF REQUEST: *11/29/11*

DATE(S) SCHEDULED: *Jan 2012*

Name of Company *St. Jude Math-a-thon*

Address:

Phone Number:

Fax Number:

DESCRIBE THE FUND RAISING ACTIVITY: *Math-a-thon*

PERCENTAGE OF PROFITS: *0%*
text.

DATE OF SALE *Jan 2012*

PRIZE PROGRAM: *yes*

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

SIGNATURE OF SPONSOR: *Kim Jones*

SIGNATURE OF PRINCIPAL: *[Signature]*

(FOR BOARD USE ONLY)

DATE OF MEETING: _____ CHAIRPERSON: _____

SUPERINTENDENT: _____