

FUNDRAISING REQUEST
Gallatin County Schools

NAME OF ORGANIZATION: 8th grade

SCHOOL SPONSOR: Michelle Cravens, Michelle Lawrence, Beth Oldendick

DATE OF REQUEST: 2/24/12. **DATE(S) SCHEDULED:** 3/15/12

Name of Company: none.

Address: n/a.

Phone Number: n/a. **Fax Number:** Click here to enter text.

DESCRIBE THE FUND RAISING ACTIVITY: payment for movie field trip/bus.

PERCENTAGE OF PROFITS: 100. **DATE OF SALE** 3/13/12-3/15/12.

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: Michelle Cravens.

SIGNATURE OF PRINCIPAL: Click here to enter text.

(FOR BOARD USE ONLY)

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

SUPERINTENDENT: _____