

**FUNDRAISING REQUEST  
Gallatin County Schools**

**NAME OF ORGANIZATION:** Student Council

**SCHOOL SPONSOR:** Michelle Cravens

**DATE OF REQUEST:** 8/7/12   **DATE(S) SCHEDULED:** May 2013

**Name of Company:** Click here to enter text.

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

**Phone Number:** Click here to enter text.   **Fax Number:** Click here to enter text.

**DESCRIBE THE FUND RAISING ACTIVITY:** Talent show Payment

**PERCENTAGE OF PROFITS:** 100%

**DATE OF SALE** may 2013

**PRIZE PROGRAM:** Click here to enter text.

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**(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:** Curt Bieger

**(FOR BOARD USE ONLY)**

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

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