

**FUNDRAISING REQUEST**  
**Gallatin County Schools**

**NAME OF ORGANIZATION:** Gallatin County Varsity Volleyball

**SCHOOL SPONSOR:** Brian Gognat

**DATE OF REQUEST:** August 15<sup>th</sup>, 2012 **DATE(S) SCHEDULED:** September 26<sup>th</sup>

**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:** Fight for the cure. The proceeds will benefit cancer research. The players will help by collecting donations. PERCENTAGE OF PROFITS: 25 DATE OF SALE September 26.

**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:** Brain Gognat/Beth Oldendick.

**SIGNATURE OF PRINCIPAL:** Roxann Booth

**(FOR BOARD USE ONLY)**

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

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