

FUNDRAISING REQUEST
Gallatin County Schools

NAME OF ORGANIZATION: Gal. Lower Elem. PTSD

SCHOOL SPONSOR: PTSD, Lower Elem.

DATE OF REQUEST: 8-17-12 DATE(S) SCHEDULED: Nov. 2nd

Name of Company: PTSD / School sponsored.

Address: _____

Phone Number: _____ Fax Number: _____ and donation requests for silent auction

DESCRIBE THE FUND RAISING ACTIVITY: Fall Festival, games + food served

PERCENTAGE OF PROFITS: _____ DATE OF SALE Oct. 26th in lower elem. gym.

PRIZE PROGRAM: _____

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

SIGNATURE OF SPONSOR: Emily M. Zepher

SIGNATURE OF PRINCIPAL: Joe Wright
(FOR BOARD USE ONLY)

DATE OF MEETING: _____ CHAIRPERSON: _____

SUPERINTENDENT: _____