

FUNDRAISING REQUEST
Gallatin County Schools

NAME OF ORGANIZATION: GC Lower Elem. PTSD

SCHOOL SPONSOR: PTSD Lower Elem.

DATE OF REQUEST: 8-22-12 DATE(S) SCHEDULED: Oct. 2012

Name of Company: Hands on Originals

Address: Lexington Ky hands on originals . com

Phone Number: _____ Fax Number: _____

DESCRIBE THE FUND RAISING ACTIVITY: T- shirt sales

PERCENTAGE OF PROFITS: \$6.00 on T-shirts, \$8.00 on long sleeve, \$9.00 on hoodies DATE OF SALE Sept. 2012

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: Carrie M. Gairaud

SIGNATURE OF PRINCIPAL: Joe Wright

(FOR BOARD USE ONLY)

DATE OF MEETING: _____ CHAIRPERSON: _____

SUPERINTENDENT: _____