

FUNDRAISING REQUEST
Gallatin County Schools

NAME OF ORGANIZATION: GC Lower Elem. PTO

SCHOOL SPONSOR: PTO Lower Elem.

DATE OF REQUEST: 8-22-12 DATE(S) SCHEDULED: throughout year 2012-2013

Name of Company: PTO sponsored

Address: _____

Phone Number: _____ Fax Number: _____

DESCRIBE THE FUND RAISING ACTIVITY: spirit wear sales

PERCENTAGE OF PROFITS: varies on different items DATE OF SALE throughout year 2012-2013

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: 

SIGNATURE OF PRINCIPAL: 

(FOR BOARD USE ONLY)

DATE OF MEETING: _____ CHAIRPERSON: _____

SUPERINTENDENT: _____