

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: 2012-2013 throughout year

Name of Company: PTSD sponsored

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

DESCRIBE THE FUND RAISING ACTIVITY: Candy grams, 50¢ for each

PERCENTAGE OF PROFITS: \_\_\_\_\_ DATE OF SALE no holidays

PRIZE PROGRAM: throughout year

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

SIGNATURE OF SPONSOR: Ami M. Gierke

SIGNATURE OF PRINCIPAL: for Wright

(FOR BOARD USE ONLY)

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

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