

FUNDRAISING REQUEST
Gallatin County Schools

NAME OF ORGANIZATION: GC Lower Elem. PTSO

SCHOOL SPONSOR: PTSO Lower Elem.

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

Name of Company: PTSO Sponsored

Address: _____

Phone Number: _____ Fax Number: _____

DESCRIBE THE FUND RAISING ACTIVITY: Walk - A - Thon

PERCENTAGE OF PROFITS: _____ DATE OF SALE _____

PRIZE PROGRAM: all money goes to each grade level

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

SIGNATURE OF SPONSOR: [Signature]

SIGNATURE OF PRINCIPAL: [Signature]

(FOR BOARD USE ONLY)

DATE OF MEETING: _____ CHAIRPERSON: _____

SUPERINTENDENT: _____