FUNDRAISING REQUEST
Gallatin County Schools

NAME OF ORGANIZATION: GC Lower Elem. PTSO

SCHOOL SPONSOR: PTSO, Lower Elem.

DATE OF REQUEST: 8-17-12 **DATE(S) SCHEDULED:** Dec. 15th.

Name of Company: PTSO sponsored.

Address: craft booths

Phone Number: **Fax Number:** Breakfast served + photo w/ Santa in Lower. Elem. Cafeteria

DESCRIBE THE FUND RAISING ACTIVITY: Breakfast with Santa

PERCENTAGE OF PROFITS: **DATE OF SALE** Dec. 15th.

PRIZE PROGRAM: /

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

SIGNATURE OF SPONSOR:

SIGNATURE OF PRINCIPAL: Joe Wright

(FOR BOARD USE ONLY)

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DATE OF MEETING: **CHAIRPERSON:**

SUPERINTENDENT: