FUNDRAISING REQUEST
Gallatin County Schools

NAME OF ORGANIZATION: G.C. Lower Elem. PTSO

SCHOOL SPONSOR: PTSO - Lower Elem.

DATE OF REQUEST: 8-22-12 **DATE(S) SCHEDULED:** Throughout 12-13 school year

Name of Company: PTSO sponsored

Address: _____

Phone Number: _____ **Fax Number:** _____

DESCRIBE THE FUND RAISING ACTIVITY: selling Concession items at any lower elem. events

PERCENTAGE OF PROFITS: _____ **DATE OF SALE** throughout year

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: Emily Fuiten

SIGNATURE OF PRINCIPAL: Joe Wright

(FOR BOARD USE ONLY)

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DATE OF MEETING: _____ **CHAIRPERSON:** _____

SUPERINTENDENT: _____