

**FUNDRAISING REQUEST
Gallatin County Schools**

NAME OF ORGANIZATION: Resource Room 204

SCHOOL SPONSOR: Gallatin County Middle and Upper Resource Room

DATE OF REQUEST: October 1, 2012 **DATE(S) SCHEDULED:** All year

Name of Company: Gallatin County Café Resource Room

Address: 88 Pal Print Path

Phone Number: (859)- 567-5860 **Fax Number:** _____

DESCRIBE THE FUND RAISING ACTIVITY: Lunch for teachers and bake goods

PERCENTAGE OF PROFITS: Minus the expenses of grocery

DATE OF SALE : Teacher Lunches : ~~October 4, 2012~~, November 1, 2012, December 6, 2012, January 17, February 14, 2012, March 14 2012, April 12 , 2012

Bake Sales: Oct. 30/31, Nov 12-16, Dec 10-14, Jan 14-18, Feb 11-15, March 25-29

PRIZE PROGRAM: The money raise will be used for CBI Trips.

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

SIGNATURE OF SPONSOR: Meta Sherman

SIGNATURE OF PRINCIPAL: _____

(FOR BOARD USE ONLY)

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

SUPERINTENDENT: _____