

**FUNDRAISING REQUEST
Gallatin County Schools**

NAME OF ORGANIZATION Gallatin County High School Student Council

SCHOOL SPONSOR: Clinkenbeard

DATE OF REQUEST: Oct 30, 2012 **DATE(S) SCHEDULED:** Nov. 2, 2012

Name of Company: NA

Address:

Phone Number: **Fax Number:**

DESCRIBE THE FUND RAISING ACTIVITY: Student Council would like to accept donations from students and staff on behalf of the Carroll County Head Start Program in light of their recent tragedy.

PERCENTAGE OF PROFITS: 100% to Carroll County Head Start **DATE OF SALE** 11-2-12

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: Melissa Clinkenbeard.

SIGNATURE OF PRINCIPAL: Roxann Booth

(FOR BOARD USE ONLY)

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

SUPERINTENDENT: _____