

FUNDRAISING REQUEST
Gallatin County Schools

NAME OF ORGANIZATION: GCLE PTSD

SCHOOL SPONSOR: PTSD, Lower Elm.

DATE OF REQUEST: 1-16-13 DATE(S) SCHEDULED: Feb. 11 - 22nd

Name of Company: Little Lambs Cookies 2 wks.

Address: 736 Airport Rd. Gallatin TN 37066

Phone Number: 866-645-5858 Fax Number: _____

DESCRIBE THE FUND RAISING ACTIVITY: Selling Cookies
50-99 - 3.00 per box 200-499 \$6.00

PERCENTAGE OF PROFITS: 100-199 - \$5.25 DATE OF SALE Feb 11 - 22nd

PRIZE PROGRAM: 500+ \$17.50
ice cream + pizza parties
for students who sell 7 or more boxes

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

SIGNATURE OF SPONSOR: Emilia Salomir, PTSD President

SIGNATURE OF PRINCIPAL: pc Wright

(FOR BOARD USE ONLY)

DATE OF MEETING: _____ CHAIRPERSON: _____

SUPERINTENDENT: _____