

**FUNDRAISING REQUEST**  
**Gallatin County Schools**

**NAME OF ORGANIZATION:** GCHS

**SCHOOL SPONSOR:** Nancy Gurska

**DATE OF REQUEST:** 01/24/13   **DATE(S) SCHEDULED:** 02/12/13

**Name of Company:** Click here to enter text.

**Address:** Click here to enter text.

**Phone Number:** Click here to enter text.   **Fax Number:** Click here to enter text.

**DESCRIBE THE FUND RAISING ACTIVITY:** Request to accept a donation from an individual for special needs students for CBI (Community Based Instruction) trips.

**PERCENTAGE OF PROFITS:** 100%   **DATE OF SALE** Click here to enter text.

**PRIZE PROGRAM:** Click here to enter text.

---

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

**SIGNATURE OF SPONSOR:** Nancy Gurska

**SIGNATURE OF PRINCIPAL:** Roxann Booth

**(FOR BOARD USE ONLY)**

\*\*\*\*\*

**DATE OF MEETING:** \_\_\_\_\_ **CHAIRPERSON:** \_\_\_\_\_

**SUPERINTENDENT:** \_\_\_\_\_