

FUNDRAISING REQUEST
Gallatin County Schools

NAME OF ORGANIZATION: Middle School Choir – Solo Night

SCHOOL SPONSOR: Sara Bibee

DATE OF REQUEST: Feb 5, 2013 **DATE(S) SCHEDULED:** March-April 2013

Name of Company: NA

Address: NA

Phone Number: (859) 620-1002 **Fax Number:** NA

DESCRIBE THE FUND RAISING ACTIVITY: CD and DVD Sales of the event. All recording and creation of discs will be taken care of by Sara Bibee

PERCENTAGE OF PROFITS: 75% **DATE OF SALE** March-April

PRIZE PROGRAM: NA

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

SIGNATURE OF SPONSOR:

Sara Bibee

SIGNATURE OF PRINCIPAL:

[Signature]

(FOR BOARD USE ONLY)

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

SUPERINTENDENT: _____