

FUNDRAISING REQUEST
Gallatin County Schools

NAME OF ORGANIZATION: Student Council

SCHOOL SPONSOR: Michelle Cravens

DATE OF REQUEST: 2/13/13 **DATE(S) SCHEDULED:** 3/22/13

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: Father/Daughter Dance, Mother/Son Fun Night

PERCENTAGE OF PROFITS: All

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: Michelle Cravens

SIGNATURE OF PRINCIPAL: Curt Bieger.

(FOR BOARD USE ONLY)

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

SUPERINTENDENT: _____