**FUNDRAISING REQUEST**

**Gallatin County Schools**

**NAME OF ORGANIZATION:**Gallatin County Middle School Football

**SCHOOL SPONSOR: Coach Zimmer**

**DATE OF REQUEST: 5-7-13 DATE(S) SCHEDULED: June 1 – September 30**

**Name of Company:**

 **Address:**

 **Phone Number:**   **Fax Number:** na

**DESCRIBE THE FUND RAISING ACTIVITY: The football players and parents will sell raffle tickets for baskets filled with various school appropriate items received as donations.**

**PERCENTAGE OF PROFITS: 100% DATE OF SALE June 1 – September 30**

**PRIZE PROGRAM: no**

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

**SIGNATURE OF SPONSOR: Steven A. Zimmer**

**SIGNATURE OF PRINCIPAL: Curt Bieger**

 **(FOR BOARD USE ONLY)**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

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

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