

Fund-Raising Activities-Proposal

All sales representatives who wish to participate in a school fund-raising program shall complete the following form and submit it to the Superintendent who may then present the request to the Board for approval.

Name/Address of Business Firm 8th grade Class

Representative's Name Jenna Schutte Phone # _____

Description of Items* (Attach brochures, etc., if applicable.)

Description of Program Market Day Fundraiser
once a month.

Company registered with Better Business Bureau?

☐ YES

☐ NO

Pricing (Attach price list, if applicable.)

Wholesale price of items _____

Retail price of items _____

School Profit 10% of Sales

* Items shall not include coupons from other businesses as incentives for purchase.

Jenna Schutte
Sales Representative's Signature

8-6-14

Date

Superintendent/designee's Signature

Date

Review/Revised:7/11/13