

Fund-Raising Activities—Fund Raiser Request

**NELSON COUNTY SCHOOLS
Fund Raiser Request**

SCHOOL Nelson County Highschool SCHOOLWIDE FUND RAISER
CLUB/GROUP Nelson County Key Club
SPONSOR(S) Ms. Royalty
FUND RAISING ACTIVITY Pennies for Patients

DATE OF FUND RAISER: From September 22 to October 3

LOCATION OF FUND RAISER:

- School
- Door-to-Door Sales (with accompanying adult)
- Business Community
- Local Business Property _____

Name of Business

Other _____

Please specify

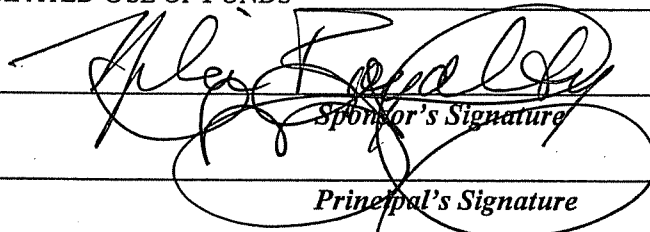
NAME OF COMPANY/ORGANIZATION _____

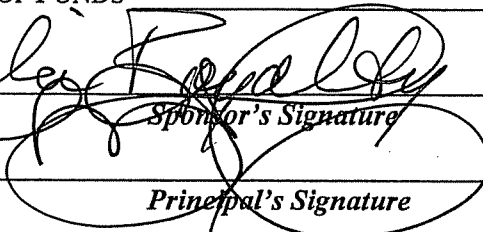
ADDRESS OF COMPANY/ORGANIZATION _____

TELEPHONE NUMBER OF BUSINESS 800-955-4572

APPROXIMATE AMOUNT OF REVENUE TO BE RETAINED AT SCHOOL \$ _____

ANTICIPATED USE OF FUNDS _____


Sponsor's Signature


Principal's Signature

9/11/14
Date

9-10
Date

Superintendent/Designee's Signature

Date

To Be Completed by Central Office Designee

Schoolwide fund-raising activities require Board approval.

Check: Approved Disapproved Date of Board Action: _____ Order # _____

Review/Revised: 3/20/07