

STUDENTS

09.33 AP.21

Fund-Raising Activities—Fund Raiser Request

**NELSON COUNTY SCHOOLS
Fund Raiser Request**

SCHOOL Foster Heights ☒ SCHOOLWIDE FUND RAISER
CLUB/GROUP Student / Staff Support
SPONSOR(S) Parents / Teachers / Students
FUND RAISING ACTIVITY Baskets to raffle - Halloween
Safety Night

DATE OF FUND RAISER: From Oct 14, 2014 to Oct 28th, 2014

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 _____

APPROXIMATE AMOUNT OF REVENUE TO BE RETAINED AT SCHOOL \$ 4500-700

• ANTICIPATED USE OF FUNDS School spirit

[Signature]
Sponsor's Signature

9-15-14
Date

[Signature]
Principal's Signature

9/18/14
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 # _____