Fund-Raising Activities-Proposal

All sales representatives who wish to participate in a school fund-raisi the following form and submit it to the Superintendent/designee for app	ng program shall complete
the following form and submit it to the superintendent designee for app	For Custic Fibrasis
Name/Address of Business Firm Great Strides -	770-100-6
Representative's Name Renee Schooling	Phone # 210-099 5
Description of Items* (Attach brochures, etc., if applicable.)	
We will have a penny challery	je among
classes to give to Great Stride	es walk
for cystic fibrosis. This is in	honor of a
Glasscock student.	
Description of Program The Walk is being he	ld May 16th
in Lexington. Morgan Schooling	is registered
Description of Program The Walk is being he in Lexington. Morgan Schooling for the walk and will actually	be doing this
Fundraiser.	
Company registered with Better Business Bureau?	☑ NO
Pricing (Attach price list, if applicable.)	
Wholesale price of items	
Retail price of items	1 86
School Profit	
* Items shall not include coupons from other businesses as incentives for p	ourchase.
Sales Representative's Signature	4-21-15
Sales Representative's Signature	Date
15 Mars	4/22/15
Superintendent/designee's Signature	Date
	Parion/Parised: 7/10/01

