Fund-Raising Activities—Fund Raiser Request

NELSON COUNTY SCHOOLS
Fund Raiser Request

SCHOOL Boston School ☐ SCHOOLWIDE FUND RAISER

CLUB/GROUP

SPONSOR(S) Nancy Smith

FUND RAISING ACTIVITY Math-A-Thon for St. Jude Children's Research Hospital

DATE OF FUND RAISER: From February 8 to 26th

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 St. Jude Children's Research Hospital

ADDRESS OF COMPANY/ORGANIZATION 5265 Hickory Hill Rd. Memphis Tenn 38141

TELEPHONE NUMBER OF BUSINESS 1-800-386-2665

APPROXIMATE AMOUNT OF REVENUE TO BE RETAINED AT SCHOOL $

ANTICIPATED USE OF FUNDS Funds all go to St. Jude's Childrens Hospital

Nancy Smith _____ 12-10-15
Sponsor's Signature *Date*

Dana Cull _____ 12-10-15
Principal's Signature *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: