

STUDENTS

09.33 AP.21

**Fund-Raising Activities—Fund Raiser Request**

**NELSON COUNTY SCHOOLS  
Fund Raiser Request**

SCHOOL Cox's Creek ☒ SCHOOLWIDE FUND RAISER  
CLUB/GROUP PTO  
SPONSOR(S) PTO  
FUND RAISING ACTIVITY PorkChop Lunch

DATE OF FUND RAISER: From 5-12-17 to \_\_\_\_\_

LOCATION OF FUND RAISER:

- ☐ School  
☐ Door-to-Door Sales (with accompanying adult)  
☐ Business Community  
☐ Local Business Property \_\_\_\_\_

☒ Other Unsure as of this time  
*Name of Business*  
*Please specify*

NAME OF COMPANY/ORGANIZATION \_\_\_\_\_

ADDRESS OF COMPANY/ORGANIZATION \_\_\_\_\_

TELEPHONE NUMBER OF BUSINESS \_\_\_\_\_

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

ANTICIPATED USE OF FUNDS technology, supplies for activities & teacher appreciation items

Brother Daddismon *Sponsor's Signature* 8-4-16 *Date*

Manal Smith *Principal's Signature* 8-4-16 *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 # \_\_\_\_\_

STUDENTS

09.33 AP.21

**Fund-Raising Activities—Fund Raiser Request**

**NELSON COUNTY SCHOOLS  
Fund Raiser Request**

SCHOOL Cox's Creek ☒ SCHOOLWIDE FUND RAISER  
CLUB/GROUP PTO  
SPONSOR(S) PTO  
FUND RAISING ACTIVITY T-shirt sales

DATE OF FUND RAISER: From 8/2016 to 5/2017

LOCATION OF FUND RAISER:

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

☒ Other Online SpiritWear.com  
*Name of Business*  
*Please specify*

NAME OF COMPANY/ORGANIZATION \_\_\_\_\_

ADDRESS OF COMPANY/ORGANIZATION \_\_\_\_\_

TELEPHONE NUMBER OF BUSINESS \_\_\_\_\_

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

ANTICIPATED USE OF FUNDS technology, supplies for activities & teacher appreciation items

Brother Ladisman  
*Sponsor's Signature*

8-4-16  
*Date*

Diana H. Smith  
*Principal's Signature*

08-4-16  
*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 # \_\_\_\_\_