STUDENTS 09.33 AP.21

Fund-Raising Activities-Proposal

All sales representatives who wish to participate in a school fund-raising program shall complete the following form and submit it to the Superintendent who may then present the request to the Board for approval.

Name/Address of Business Firm Sout	hgate 8 th grade trip and g	graduation
Representative's Name Mandy Stephe	ens Phone # 859-466-92	82
Description of Items* (Attach brochum	res, etc., if applicable.)	
Yard sale items please see attach	hed flyer.	
Description of Program City wide yar	rd sale.	
Company registered with Better Busi	iness Rureau?	YES □x NO
Pricing (Attach price list, if applicable		TES TANO
Wholesale price of items		
•		
Retail price of items School Profit		
* Items shall not include coupons from or		
Mandy Stephens Sales Representative's Signature		8/6/2016 Date
Superintendent/designee's Signature		Date
		Review/Revised:7/11/13