STUDENTS

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 _____ Black Out Tees & Southgate Lions' Pride

 Representative's Name
 Sharyl Iden
 Phone #
 859-441-6292

Description of Items* (*Attach brochures, etc., if applicable.*)

____Tournament shirts - vendor will have premade shirts and will sell shirts on site ____

Description of Program ____We would like to have Black Out Tees at our tournament to sell shirts on site. We will make a small profit on each item sold.

Company registered with Better Business Bureau? XES NO

Pricing (Attach price list, if applicable.)

Wholesale price of items _____Varies_____

Retail price of items _____ See Attached _____

School Profit ______Varies_____

* Items shall not include coupons from other businesses as incentives for purchase.

Sales Representative's Signature

Superintendent/designee's Signature

Date Review/Revised:7/11/13

Date