

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 Southgate 8th grade trip and graduation

Representative's Name Mandy Stephens **Phone #** 859-466-9282

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

Halloween Dance – Halloween decorations, music, food, etc...

Description of Program

Halloween Dance in gym for the whole school.

Company registered with Better Business Bureau?

☐ YES

☒ NO

Pricing (*Attach price list, if applicable.*)

Wholesale price of items _____na_____

Retail price of items _____na_____

School Profit _____na_____

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

Mandy Stephens

Sales Representative's Signature

8/6/2016

Date

Superintendent/designee's Signature

Date

Review/Revised:7/11/13