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	Southgate Lic	ons Pride	
Representative's NameShar	yl Iden	Phone #	_859-512-3052
Description of Items* (Attach bro	ochures, etc., if applic	rable.)	
-			
Description of Program customers who show flyer – eith supporting Southgate Lions Pride.	her paper or electro	onic – or tell	the cashier that they are
Company registered with Better	Business Bureau?	X YES	NO
Pricing (Attach price list, if application	able.)		
Wholesale price of items	N/A		_
Retail price of items	Varies		
School Profit20%	6 of sales		
* Items shall not include coupons fro	om other businesses as	incentives for p	urchase.
Sales Representative's Signature			Date
Superintendent/designee's Signature			Date

Review/Revised:7/11/13