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 Busines	s FirmSouthga	te Lions Pride	
Representative's Name	Sharyl Iden	Phone #	859-512-3052
Description of Items* (Att	each brochures, etc., if a	applicable.)	
Description of Program will earn 10% of the sales.			use gift cards. Lions Pride
Company registered with	Better Business Burea	au? XYES	NO
Pricing (Attach price list, i	f applicable.)		
Wholesale price of	temsN/A		
Retail price of items	sVaries		
School Profit	10% of sales		
* Items shall not include cou	pons from other busines	ses as incentives for	purchase.
C.I. D.			D (
Sales Representative's Signature			Date
Superintendent/designee's Signature			Date

Review/Revised:7/11/13