FundRaising Activities—Fund Raiser Request

NELSON COUNTY SCHOOLS Fund Raiser Request Schoolwide Fund Raiser CLUB/GROUP SPONSOR(S) FUND RAISING ACTIVITY Jarch 15,2018 to_____ DATE OF FUND RAISER: From LOCATION OF FUND RAISER: O School O Door-to-Door Sales (with accompanying adult) O Business Community O Local Business Property Name of Business O Other Please specify NAME OF COMPANY/ORGANIZATION ADDRESS OF COMPANY/ORGANIZATION TELEPHONE NUMBER OF BUSINESS APPROXIMATE AMOUNT OF REVENUE TO BE RETAINED AT SCHOOL \$ ANTICIPATED USE OF FUNDS Sponsor's Signature Date Principal's Signature Date Superintendent/Designee's Signature Date To Be Completed by Central Office Designee

Schoolwide fund-raising activities require Board approval.

Check: O Approved O Disapproved Date of Board Action: Order #

Review/Revised:3/20/07