



Gallatin

County Schools

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Gallatin Lower Elementary School - 25 Boaz Drive, Warsaw, KY 41095 - Phone 859-567-6340, Fax 859-567-6205 - www.gallatin.kyschools.us

September 4, 2018

Gallatin County Lower Elementary PTSO

Attention: Board of Education

Petition for Approval – Gallatin County Lower Elementary Annual Fall Festival

The Gallatin County Lower Elementary would like to request approval to hold the annual fall festival on October 19th, 2018. The Fall Festival is a community event fundraiser put on with the cooperation of both the faculty and the PTSO.

The faculty will be responsible for Games and Beverages. The PTSO will be responsible for all dealings of money including: Live Auction, Silent Auction, Ticket Bag Auction, and Ticket Booth.

All proceeds for the fundraiser will be used in support of the GCLE School including its students and faculty needs.

Thank you for your review,

Crystal Rainwater

GCLE PTSO President



Gallatin County School District School Activity Fundraiser Request Form

School	Gallatin County Lower Elementary
Activity Account	
External Support/Booster Organization	GCLE PTSO
Name of Fundraiser	GCLE Fall Festival
Sponsor	
Date Submitted	09/05/2018

Purpose of Fundraiser	
To raise funds to support the Lower Elementary through a community based event	
Items to be Sold	
An auction will be held for classroom designed baskets, in addition to a raffle. PTSO will be responsible for all funds collected	
Beneficiary of fundraising activity	For school, teacher, and student needs
Dates Scheduled	October 19, 2018
Names of adult supervisors of activity (chaperones, custodians, etc.)	
Crystal Rainwater, Katie Ramsey, Girolivigni, Samantha Bray, Angie Herndon, Tammy Walters, Lyndsay Nottingham, Rachael McMahon, Lori Combs, Jessica Gray, Michelle Murphy	

Athletic Fundraiser If yes, sport involved:	<input type="checkbox"/> Yes Sport _____ <input checked="" type="checkbox"/> No
Corresponding sport participating in fundraiser	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Coaches Signature _____ Date _____	

APPROVED

NOT APPROVED

 Principal

Date _____

Date 9/5/18

SBDM (if council policy)

Date _____

Superintendent (if school-wide fundraiser)

Date _____