

Fund-Raising Activities—Fund Raiser Request

**NELSON COUNTY SCHOOLS
Fund Raiser Request**

SCHOOL New Haven SCHOOLWIDE FUND RAISER
CLUB/GROUP Library
SPONSOR(S) Melissa Newton
FUND RAISING ACTIVITY Student created project

DATE OF FUND RAISER: From 1-23-19 to 5-30-19

LOCATION OF FUND RAISER:
 School
 Door-to-Door Sales (with accompanying adult)
 Business Community
 Local Business Property _____
Name of Business
 Other _____

NAME OF COMPANY/ORGANIZATION New Haven Library
ADDRESS OF COMPANY/ORGANIZATION _____

TELEPHONE NUMBER OF BUSINESS _____

APPROXIMATE AMOUNT OF REVENUE TO BE RETAINED AT SCHOOL \$ _____

ANTICIPATED USE OF FUNDS Student supplies

Melissa Newton 1-23-19
Sponsor's Signature *Date*
[Signature] 1-23-19
Principal's Signature *Date*

Superintendent/Designee's Signature *Date*

To Be Completed by Central Office Designee

Schoolwide fund-raising activities require Board approval.
Check: Approved Disapproved Date of Board Action: _____ Order # _____
Review/Revised: