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	s FirmSouthga	ate Lions Pride	
Representative's Name	Sharyl Iden	Phone #	859-512-3052
Description of Items* (Att	each brochures, etc., if	applicable.)	
Description of Program Community Center lake as based on number of laps ma	part of one of their	practices. They wil	l collect sponsored pledges
Company registered with	Better Business Bure	eau?	⊠ NO
Pricing (Attach price list, i	f applicable.)		
Wholesale price of i	temsN/A		
Retail price of items	sN/A		
School Profit	100%		
* Items shall not include cou	pons from other busine	sses as incentives for	purchase.
Sales Representative's Signature			Date
Superintendent/designee's Signature			Date

Review/Revised:7/11/13