

SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL

SCHOOL Gallatin County High School
ACTIVITY ACCOUNT 203
EXTERNAL SUPPORT/BOOSTER ORGANIZATION FFA
NAME OF FUNDRAISER Gallatin County agricultural FFA Calendars and Sponsors
SPONSOR FFA
DATE SUBMITTED 8-6-20

Purpose of fundraising activity:

To allow the student to attend activities such as camp, conventions, field trips so they experience the hands on part of the organization. This also allows us to show case the Agricultural side of Gallatin county. We will be giving ad space to our sponsors in the calendar also that is listed in their sponsor packet if they chose to donate.

Items to be sold:

Calendars and Sponsorships - *Calendars - 10.00*

Beneficiary of fundraising activity:
FFA

Date(s) scheduled August - October for sponsors and October- January for Calendars

Name of adult supervisory of activity (chaperones, custodians, etc.)
Brooke Darnell

Athletic Fundraiser	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
If yes, sport involved		
Corresponding sport participating in fundraiser?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Coaches signature (corresponding sport)		DATE

Approved Disapproved Date _____
Principal *[Signature]* Date *8/13/20*
SBDM Council (if council policy) *[Signature]* Date *8/13/20*
Superintendent _____
Date: _____
(if school-wide fundraiser)

Conditional Approval
Ads sold via phone or computer

Board Chair _____
Date: _____

Via phone or computer
DH ST
✓

SCHOOL ACTIVITY FUND
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SCHOOL Gallatin County High School
ACTIVITY ACCOUNT 203
EXTERNAL SUPPORT/BOOSTER ORGANIZATION FFA
NAME OF FUNDRAISER FFA Dues
SPONSOR FFA
DATE SUBMITTED 8-6-20

Purpose of fundraising activity:

To allow the student to attend activities such as camp, conventions, field trips so they experience the hands on part of the organization.

Items to be sold: 15.00
Dues

Beneficiary of fundraising activity:
FFA

Date(s) scheduled Until November 2020

Name of adult supervisory of activity (chaperones, custodians, etc.)
Brooke Darnell

Athletic Fundraiser	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
If yes, sport involved		
Corresponding sport participating in fundraiser?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Coaches signature (corresponding sport)		DATE

Approved Disapproved Date

Principal *[Signature]* Date 8/13/20

SBDM Council *[Signature]* Date 8/13/20

Superintendent _____

Board Chair _____

Date: _____
(if school-wide fundraiser)

Date: _____

KH
Jm

SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL

SCHOOL Gallatin County High School
ACTIVITY ACCOUNT 203
EXTERNAL SUPPORT/BOOSTER ORGANIZATION FFA
NAME OF FUNDRAISER Mums
SPONSOR FFA
DATE SUBMITTED 8-6-20

Purpose of fundraising activity:

Raise Money for National FFA Convention

Items to be sold: Lg - 12.
Mums Sm - 10.

Beneficiary of fundraising activity:
FFA

Date(s) scheduled September-November 2020

Name of adult supervisory of activity (chaperones, custodians, etc.)
Brooke Darnell

Athletic Fundraiser	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
If yes, sport involved		
Corresponding sport participating in fundraiser?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Coaches signature (corresponding sport)		DATE

Approved Disapproved Date *Conditional: No student contact with sales.*

Principal *[Signature]* Date 8/13/20

SBDM Council (if council policy) *[Signature]* Date 8/13/20

Superintendent _____ Board Chair _____

Date: _____ Date: _____
(if school-wide fundraiser)

AH
DH
All ✓

SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL

SCHOOL Gallatin County High School
ACTIVITY ACCOUNT 203
EXTERNAL SUPPORT/BOOSTER ORGANIZATION FFA
NAME OF FUNDRAISERTshirts
SPONSOR FFA
DATE SUBMITTED 8-6-20

Purpose of fundraising activity:

To allow the student to show the pride that they have and support that they are giving the FFA.

Items to be sold:

T-shirts

Beneficiary of fundraising activity:

FFA

Date(s) scheduled Until December 2020

Name of adult supervisory of activity (chaperones, custodians, etc.)

Brooke Darnell

Athletic Fundraiser	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
If yes, sport involved		
Corresponding sport participating in fundraiser?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Coaches signature (corresponding sport)		DATE

Approved Disapproved Date

Principal [Signature] Date 8/13/20

SBDM Council (if council policy) [Signature] Date 8/13/20

Superintendent _____

Board Chair _____

Date: _____
(if school-wide fundraiser)

Date: _____

DH
BW
All ✓