**FUNDRAISING REQUEST**

**Gallatin County Schools**

**NAME OF ORGANIZATION:** Gallatin County Teacher’s Relay for Life team

**SCHOOL SPONSOR: Beth Stewart**

**DATE OF REQUEST: April 27,2011 DATE(S) SCHEDULED: Upon approval of principals, possible beginning May 10**

**Name of Company:** Click here to enter text.

 **Address:** Click here to enter text.

 **Phone Number:** Click here to enter text. **Fax Number:** Click here to enter text.

**DESCRIBE THE FUND RAISING ACTIVITY: The student’s can wear a hat all day for a $1.00 (high school, middle, upper)**

**PERCENTAGE OF PROFITS: 100% to American cancer society DATE OF SALE** Click here to enter text.

**PRIZE PROGRAM:** Click here to enter text.

**(APPROVAL OF FUND RAISING REQUEST MUST BE OBTAINED FROM THE BOARD OF EDUCATION BEFORE ANY FUNDRAISING ACTIVITY CAN TAKE PLACE).**

**SIGNATURE OF SPONSOR: Beth Stewart**

**SIGNATURE OF PRINCIPAL: Joe Wright**

 **(FOR BOARD USE ONLY)**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**DATE OF MEETING: \_\_\_\_\_\_\_\_\_\_\_\_ CHAIRPERSON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SUPERINTENDENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**