

Fund-Raising Activities—Fund Raiser Request

**NELSON COUNTY SCHOOLS
Fund Raiser Request**

SCHOOL _____ SCHOOLWIDE FUND RAISER
CLUB/GROUP _____
SPONSOR(S) _____
FUND RAISING ACTIVITY _____

DATE OF FUND RAISER: From _____ to _____

LOCATION OF FUND RAISER:

- School
- Door-to-Door Sales (with accompanying adult)
- Business Community
- Local Business Property _____
Name of Business
- Other _____
Please specify

NAME OF COMPANY/ORGANIZATION _____

ADDRESS OF COMPANY/ORGANIZATION _____

TELEPHONE NUMBER OF BUSINESS _____

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

ANTICIPATED USE OF FUNDS _____

Sponsor's Signature *Date*

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 # _____