

- Student Activities -

**Fund-raising Activities**

**Fund-raising Proposal**

Business Firm: \_\_\_\_\_

Business Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_

(If home office not in Lexington, please indicate home office address and phone number above)

Name of Local Representative: \_\_\_\_\_

Local Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Description of Product(s) - be specific; (Attach brochure, picture or official product descriptor, if available)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Items	Wholesale Price	Retail Price	School Profit

Description of how the fund-raising program is recommended to be conducted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company has registered with the Better Business Bureau? \_\_\_\_\_ Yes \_\_\_\_\_ No

Other information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b><u>FOR OFFICE USE ONLY</u></b>	
<b>Date:</b> _____	<b>Approved for</b> _____ <b>School Year</b>
	<b>Not Approved - Reason</b> _____
	_____
	_____