



MAGOFFIN COUNTY SCHOOLS FUND RAISING REQUEST

NAME OF SCHOOL: _____ DATE REQUEST SUBMITTED: _____

NAME OF ORGANIZATION: _____

SPONSOR: _____

PRODUCT: _____

COMPANY: _____

COMPANY ADDRESS: _____

COMPANY PHONE: _____ REPRESENTATIVE: _____

COST PER UNIT: _____ PROJECTED TOTAL PROFIT: _____

NO. OF UNITS TO BE SOLD: _____ PERCENTAGE OF PROFIT: _____

HOW WILL STUDENTS BE INVOLVED IN THIS PROJECT?

WHEN IS PROJECT PLANNED FOR?

FOR WHAT PURPOSE ARE YOU RAISING MONEY?

It is fully understood by _____ and _____
NAME OF ORGANIZATION NAME OF SPONSOR

That before any fund-raising activity is started; permission must first be secured from the Principal and the Superintendent (and the Board of Education per KRS 158.290, when applicable). It is fully understood that a financial report will be submitted at the end of the fund-raising activity.

SIGNATURE OF SPONSOR: _____ DATE: _____

SIGNATURE OF PRINCIPAL: _____ DATE: _____

DATE: _____ APPROVE _____ DO NOT APPROVE _____

SIGNATURE OF SUPERINTENDENT (OR DESIGNEE): _____

RECOMMENDATION TO BOARD OF EDUCATION (IF APPLICABLE):
