

FULTON COUNTY SCHOOL SYSTEM
FUNDRAISING APPLICATION FOR SCHOOL RELATED GROUPS

EXHIBIT E41

Organization _____
(PTSA, Booster Club, Athletic Booster Club, etc.)

Beginning Sale Date _____ Ending Sale Date _____

Who will sell the items _____ Person in charge _____

Contact information for the person in charge of this fundraiser. Phone _____

Email Address _____

Location _____ Dates of Collection _____

For what purpose(s) will the proceeds be used? _____

Description of the product or service _____

Vendor Name _____

Vendor Address _____

Representative _____ Phone _____

I am familiar with KEB Fulton County Board policy and procedures regarding the fundraisers. I understand and accept responsibility for the cash collections and disbursements for this fundraiser. Money will be deposited to the organizations bank account.

Person in charge of fundraiser Date

calendar checked

Approved by Principal Date

Revised 3/18/14