

FEB 15 2010

FUND-RAISING APPLICATION FORM

(This form is to be completed for each fund-raising activity being considered.)

1. Name of organization(s) making application NHS - National Honor Society

2. Person completing this form: Name Dylan Jennings

Address 2505 Pointe RD

Phone No. (715) 355-5255

3. How much money does your organization plan to raise with this fund-raising activity? _____

4. How do you plan to raise the money? Cutting hair & then donating it.

5. Can you ensure the administration that no direct solicitation of students/teachers at school will be used to raise this money? Yes No

6. Do you plan to use either the implied or actual name of a school district organization or the school district in general in raising money? Yes No
If so, in what context? _____

7. Will your fund-raising activity include direct solicitation of businesses, service clubs, or other organizations in our community? Yes No
If so, which ones? _____

8. Do you plan to advertise the activity in the newspaper, radio, or in other means? Yes No
If so, how? Maybe via the news.

9. Will alcoholic beverages be served or sold during the fund-raising activity? Yes No

10. Where does your organization plan to deposit the money that is raised? St. Claires childrens hospital

11. What are the names of the school personnel with whom you plan to deal in making financial gifts to the school? _____

12. During what period of time (days, weeks, months) do you plan to conduct this fund-raiser? Feb 22 - 25 2010

This Fund-Raising Application Form has been reviewed and approved by the following people:

2/5/10
Date

2/16/10
Date

Date

[Signature]
Building Principal

Kristine Chumle
Superintendent of Schools

Board of Education

When a copy of this form has been returned to the person making the application, the fund-raising activity will be placed on the school calendar. Local businesses being solicited may request to see a copy of this approved form.