Request for Distribution of Information/Brochures/Materials and/or Affiliated Organization Fundraising Project Approval Form via the Bowling Green City School District



Name of Organization:								
Address								
City State Zip								
Name of Contact Person								
Telephone Number Fax Number								
E-Mail Address								
Is this is a FUNDRAISER run by BG City School staff/students/affiliated organizations (such as booster organization, support group, etc.) OR a FUNDRAISER to benefit BG City School students/affiliated organizations?								
(circle one)	YES				NO			
If YES, purpose of the project/	event?							
Approved by:		Date_			_	Athle	Date etic Director, if applicable	
If the Superintendent of Sch will be via E-mail to parents. submitted, plus additional pa distribution, sufficient copies mavailable at the Administrative approval with Superintender	ools appro A clean copper copies nust be cour Offices, 13 nt's signatu	ves the ppy of the for the area area area area area area area ar	is require the infector of the	luest formation or matricular to the contract of the contract	or dison — 1 without for the owling ed to edinform	tributi to be s ut ema e indiv Green each b	on, the preferred method of distribution scanned by BGCS staff — must be still. If the Superintendent approves paper idual schools. Distribution numbers are not approved flyers along with a copy of the uilding by the person/group requesting the shome with students on Fridays. Please plan	
Teachers	Grade	9 K	10	2	3	4	5	
reachers	Grade	6	7	8	J	7		
	Grade	9	10	11	12			
Post at School Buildings	Craac	Ye		No				
Additional Comments:								
Date Received at Administrative Offices								
Permission Status				GRANTED DENIED				
Superintendent Signature			Date					