SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL

School	TCMS
Activity Account	Cheerleading
External Support/Booster Organization	
Name of Fundraiser	Concession Stand
Sponsor	Michelle Hyde + Shawna Fowler
Date Submitted	8-8-13

Purpose of fundraising activity: (What will the funds be used for? Be specific)
Uniforms, camp, clothing, new mats,

Items to be sold:
chips, candy, popcorn, hotdogs, BBQ, cookies, spirit items, nachos, and any other food items.

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
Cheerleading Squad

Date(s) scheduled:
Home Basketball games (See 13-14 Basketball schedule)

Names of adult supervisors at activity (chaperones, custodians, etc.):
Shawna Fowler, Michelle Hyde

Athletic Fundraiser — Yes [X] No [ ]
If yes, sport involved: Cheerleading

Corresponding sport participating in fundraiser? — Yes [ ] No [ ]
Shawna Fowler

Coaches Signature (corresponding sport) — Date

Circle One: Approved / Not Approved

Principal — Date 8/27

SBDM Council (If Council Policy) — Date

Superintendent — Date

SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL

School	TCMS
Activity Account	
External Support/Booster Organization	21st CCLC After School activity & Enrichment CARE Cl
Name of Fundraiser	Buddy Walk For NDSS
Sponsor	Ray Wheeler, Kim Rager, Lisa Petrie
Date Submitted	23 Aug 2013

Purpose of fundraising activity: (What will the funds be used for? Be specific)
We want to raise funds as a service project through our CARE Clubs - after school & enrichment/club Fridays to benefit Downs Syndrome research & awareness of the NDSS National Down Syndrome Society

Items to be sold:
Donations to be solicited

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
NDSS National Down Syndrome Society

Date(s) scheduled:
TBD
*Walk "Buddy Walk" to take place OCT 19 in Nashville

Names of adult supervisors at activity (chaperones, custodians, etc.):
Lisa Petrie, Kim Rager, Ray Wheeler

Athletic Fundraiser	Yes ☐	No ☒
If yes, sport involved:		
Corresponding sport participating in fundraiser?	Yes ☐	No ☒
Coaches Signature (corresponding sport)		**Date**
Circle One: **Approved** **Not Approved**		
Principal		**Date** 8/27
SBDM Council (If Council Policy)		**Date**
Superintendent		**Date**