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**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Band In House
External Support/Booster Organization	
Name of Fundraiser	Carwash
Sponsor	Calvin Warren III/Jennifer Oyler
Date Submitted	8/22/2013

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 To raise funds for the Todd County band to function. I.E.- equipment upkeep, instrument rental, instrument purchase, accessories, fuel, etc.

Items to be sold:
 Cleaning service for vehicles - donations accepted

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 Todd Central Rebel Band and Colorguard

Date(s) scheduled:
 Fall 2013 and Spring 2014

Names of adult supervisors at activity (chaperones, custodians, etc.):
 Calvin Warren III/ Jennifer Oyler

Athletic Fundraiser If yes, sport involved:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Corresponding sport participating in fundraiser? BAND	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Coaches Signature (corresponding sport) _____ **Date** 8/22/13

Circle One: Approved Not Approved

Principal **Date**

SBDM Council (If Council Policy) **Date**

Superintendent **Date**

✓
jtb

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Band In House
External Support/Booster Organization	
Name of Fundraiser	Litter clean up
Sponsor	Calvin Warren III/Jennifer Oyler
Date Submitted	8/22/2013

Purpose of fundraising activity: (What will the funds be used for? Be specific)
To raise funds for the Todd County band to function. I.E.- equipment upkeep, instrument rental, instrument purchase, accessories, fuel, etc.

Items to be sold:
County Litter clean up - donations will be accepted

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
Todd Central Rebel Band and Colorguard

Date(s) scheduled:
Fall/Winter/2013 and Winter/Spring 2014

Names of adult supervisors at activity (chaperones, custodians, etc.):
Calvin Warren III/ Jennifer Oyler

Athletic Fundraiser	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, sport involved:		
Corresponding sport participating in fundraiser?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
BAND		
Coaches Signature (corresponding sport)	Date 8/22/13	

Circle One: Approved Not Approved

Principal _____ **Date** _____

SBDM Council (If Council Policy) _____ **Date** _____

Superintendent _____ **Date** _____

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

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JED

School	TCCHS
Activity Account	Band In House
External Support/Booster Organization	
Name of Fundraiser	Pancake Breakfast
Sponsor	Calvin Warren III/Jennifer Oyler
Date Submitted	8/22/2013

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 To raise funds for the Todd County band to function. I.E.- equipment upkeep, instrument rental, instrument purchase, accessories, fuel, etc.

Items to be sold:
 Pancakes and breakfast foods

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 Todd Central Rebel Band and Colorguard

Date(s) scheduled:
 November 2013 and Spring 2014

Names of adult supervisors at activity (chaperones, custodians, etc.):
 Calvin Warren III/ Jennifer Oyler

Athletic Fundraiser	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, sport involved:		
Corresponding sport participating in fundraiser?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
BAND		

Coaches Signature (corresponding sport) _____ **Date** 8/22/13

Circle One: Approved Not Approved

Principal _____ **Date** _____

SBDM Council (If Council Policy) _____ **Date** _____

Superintendent _____ **Date** _____

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Band In House
External Support/Booster Organization	
Name of Fundraiser	Soda Shop
Sponsor	Calvin Warren III/Jennifer Oyler
Date Submitted	8/22/2013

Purpose of fundraising activity: (What will the funds be used for? Be specific)
To raise funds for the Todd County band to function. I.E.- equipment upkeep, instrument rental, instrument purchase, accessories, fuel, etc.

Items to be sold:
(Working at L&R soda shop and proceeds go to band)

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
Todd Central Rebel Band and Colorguard

Date(s) scheduled:
Fall 2013 (When L&R deems we participate)

Names of adult supervisors at activity (chaperones, custodians, etc.):
Calvin Warren III/ Jennifer Oyler

Athletic Fundraiser If yes, sport involved:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Corresponding sport participating in fundraiser? BAND	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Coaches Signature (corresponding sport) _____ **Date** 8/22/13

Circle One: Approved Not Approved

Principal _____ **Date** _____

SBDM Council (If Council Policy) _____ **Date** _____

Superintendent _____ **Date** _____

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**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Band In House
External Support/Booster Organization	
Name of Fundraiser	Mum Sales
Sponsor	Calvin Warren III/Jennifer Oyler
Date Submitted	8/22/2013

Purpose of fundraising activity: (What will the funds be used for? Be specific)
To raise funds for the Todd County band to function. I.E.- equipment upkeep, instrument rental, instrument purchase, accessories, fuel, etc.

Items to be sold:
Mums

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
Todd Central Rebel Band and Colorguard

Date(s) scheduled:
October 5th (presale beginning in september- at the end of soccer fundraiser)

Names of adult supervisors at activity (chaperones, custodians, etc.):
Calvin Warren III/ Jennifer Oyler

Athletic Fundraiser	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, sport involved:		
Corresponding sport participating in fundraiser?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
BAND		
Coaches Signature (corresponding sport)	Date 8/22/13	

Circle One:

Approved

Not Approved

Principal

Date

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

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School	TCCHS
Activity Account	Band In House
External Support/Booster Organization	
Name of Fundraiser	Nacho Booth
Sponsor	Calvin Warren III/Jennifer Oyler
Date Submitted	8/22/2013

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 To raise funds for the Todd County band to function. I.E.- equipment upkeep, instrument rental, instrument purchase, accessories, fuel, etc.

Items to be sold:
 Selling items (not to interfere with Athletics sales) such as nachos, water, cotton candy, etc.

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 Todd Central Rebel Band and Colorguard

Date(s) scheduled:
 Fall 2013 and Winter/Spring 2014

Names of adult supervisors at activity (chaperones, custodians, etc.):
 Calvin Warren III/ Jennifer Oyler

Athletic Fundraiser If yes, sport involved: Corresponding sport participating in fundraiser? BAND	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Coaches Signature (corresponding sport)	Date 8/27/13

Circle One: Approved Not Approved

Principal **Date** 8-30-13

SBDM Council (If Council Policy) **Date**

Superintendent **Date**

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**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCHS	
Activity Account	Boy's Basketball	
External Support/Booster Organization		
Name of Fundraiser	Chili Supper	
Sponsor	Calvin Head	
Date Submitted	8/19/13	

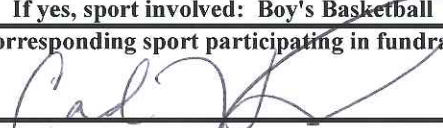
Purpose of fundraising activity: (What will the funds be used for? Be specific)
 To raise funds for Boy's Basketball to be used for equipment, meals, clothing, snacks, travel, games, etc.

Items to be sold:
 Chili, soup, softdrinks, water, dessert, etc.

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 Entire Boy's Basketball team/players

Date(s) scheduled:
 Fall 2013

Names of adult supervisors at activity (chaperones, custodians, etc.):
 Calvin Head, Steven McGhee, Frank Johnson, Kevin Harris, Lucian Moore

Athletic Fundraiser	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If yes, sport involved: Boy's Basketball				
Corresponding sport participating in fundraiser?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	8-19-13			
Coaches Signature (corresponding sport)	Date			

Circle One: **Approved** **Not Approved**

 **Principal** **Date** 8-30-13

SBDM Council (If Council Policy) **Date**

Superintendent **Date**

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**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS	
Activity Account	Boy's Basketball	
External Support/Booster Organization		
Name of Fundraiser	Letter/donation campaign	
Sponsor	Calvin Head	
Date Submitted	8/19/13	

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 To raise funds for Boy's Basketball to be used for equipment, meals, clothing, snacks, travel, games, etc.

Items to be sold:
 Nothing Sold - Just sending letters to request donations

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 Entire Boy's Basketball team/players

Date(s) scheduled:
 Fall 2013

Names of adult supervisors at activity (chaperones, custodians, etc.):
 Calvin Head, Steven McGhee, Frank Johnson, Kevin Harris

Athletic Fundraiser If yes, sport involved: Boy's Basketball Corresponding sport participating in fundraiser? Coaches Signature (corresponding sport)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 8-19-13 Date
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Circle One: Approved Not Approved

Principal Date 8-30-12

SBDM Council (If Council Policy) Date

Superintendent Date

SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL

School	TCCHS	
Activity Account	Boy's Basketball	
External Support/Booster Organization		
Name of Fundraiser	Softball Tournament	
Sponsor	Calvin Head	
Date Submitted	8/19/13	

Purpose of fundraising activity: (What will the funds be used for? Be specific)
To raise funds for Boy's Basketball to be used for equipment, meals, clothing, snacks, travel, games, etc.

Items to be sold:
Concessions - i.e. softdrinks, water, hotdogs, hamburgers, etc. Also, team entry fees will be collected.

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
Entire Boy's Basketball team/players

Date(s) scheduled:
Fall 2013 (October or November)

Names of adult supervisors at activity (chaperones, custodians, etc.):
Calvin Head, Steven McGhee, Frank Johnson, Kevin Harris

Athletic Fundraiser	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If yes, sport involved: Boy's Basketball				
Corresponding sport participating in fundraiser?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Coaches Signature (corresponding sport)	8-19-13			
	Date			

Circle One: Approved Not Approved

Date 8-30-13
Principal Date

SBDM Council (If Council Policy) Date

Superintendent Date

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**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCHS	
Activity Account	Boy's Basketball	
External Support/Booster Organization		
Name of Fundraiser	Basketball Camp	
Sponsor	Calvin Head	
Date Submitted	8/19/13	


Purpose of fundraising activity: (What will the funds be used for? Be specific)
 To raise funds for Boy's Basketball to be used for equipment, meals, clothing, snacks, travel, games, etc.

Items to be sold:
 Concessions - i.e. softdrinks, water, hotdogs, etc. Also, will collect fees to register participants for camp.

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 Entire Boy's Basketball team/players

Date(s) scheduled:
 Summer 2014 - as soon as school is out

Names of adult supervisors at activity (chaperones, custodians, etc.):
 Calvin Head, Steven McGhee, Frank Johnson, Kevin Harris, Lucian Moore

Athletic Fundraiser	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, sport involved: Boy's Basketball	
Corresponding sport participating in fundraiser?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	8-19-13
Coaches Signature (corresponding sport)	Date

Circle One: Approved Not Approved


 Principal Date 8-30-13

SBDM Council (If Council Policy) Date

Superintendent Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

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School	TCCAS
Activity Account	Drama Club
External Support/Booster Organization	
Name of Fundraiser	Paper Sales
Sponsor	Sarah Brooks
Date Submitted	8/8/13

Purpose of fundraising activity:

(What will the funds be used for? Be specific)

New microphones as well as sets, scripts, costumes and props for future performances

Items to be sold:

Toilet paper and paper towels (paper funds.com)

Beneficiary of fundraising activity:

(Who will receive the benefit of the funds)

Drama club

Date(s) scheduled:

September - October 2013

Names of adult supervisors at activity (chaperones, custodians, etc.):

Sarah Brooks

Athletic Fundraiser	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, sport involved:		
Corresponding sport participating in fundraiser?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Coaches Signature (corresponding sport)	Date	

Circle One:

Approved

Not Approved



Principal

Date

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL

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School	TCC HS
Activity Account	Drama Club
External Support/Booster Organization	
Name of Fundraiser	Spring musical
Sponsor	Sarah Brooks
Date Submitted	8/8/13

Purpose of fundraising activity:

(What will the funds be used for? Be specific)

The funds will be used to purchase costumes, sets, and royalties for future performances.

Items to be sold:

Tickets for Entrance into performance of musical

Beneficiary of fundraising activity:

(Who will receive the benefit of the funds)

Drama Club

Date(s) scheduled:

March 27, 28, 29 2014

Names of adult supervisors at activity (chaperones, custodians, etc.):

Sarah Brooks
Suzie Pafford

Athletic Fundraiser	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, sport involved:		
Corresponding sport participating in fundraiser?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Coaches Signature (corresponding sport)		Date

Circle One:

Approved

Not Approved

Jedd Marshall
Principal

Date

8-12-13

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

rec'd 8-13 4:00pm

SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL

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mtb

School	TCCHS
Activity Account	Drama Club
External Support/Booster Organization	
Name of Fundraiser	Ad Sales
Sponsor	Sarah Brooks
Date Submitted	8/8/13

Purpose of fundraising activity:

(What will the funds be used for? Be specific)

Buy sets, costumes, scripts, royalties, music and props for future plays

Items to be sold:

Space in the program (play)

Beneficiary of fundraising activity:

(Who will receive the benefit of the funds)

Drama Club at TCCHS

Date(s) scheduled:

March 27, 28, 29 2014

Names of adult supervisors at activity (chaperones, custodians, etc.):

Sarah Brooks

Athletic Fundraiser	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, sport involved:		
Corresponding sport participating in fundraiser?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Coaches Signature (corresponding sport)		Date

Circle One:

Approved

Not Approved

[Signature]
Principal

Date

8-12-13

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

rec'd 8/13 4:11pm

SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL

School	TCCHS
Activity Account	Drama Club
External Support/Booster Organization	
Name of Fundraiser	Recycle Ink Cartridges
Sponsor	Sarah Brooks
Date Submitted	8/13/13

Purpose of fundraising activity:

(What will the funds be used for? Be specific)

To raise money for Sets, Scripts, Costumes, and props for the play.

Items to be sold:

Collecting items to be recycled; No Selling

Beneficiary of fundraising activity:

(Who will receive the benefit of the funds)

Drama Club

Date(s) scheduled:

August 2013 - May 2014

Names of adult supervisors at activity (chaperones, custodians, etc.):

Sarah Brooks

Athletic Fundraiser	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involved:		
Corresponding sport participating in fundraiser?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Coaches Signature (corresponding sport)		Date

Circle One:

Approved

Not Approved



Principal

Date

8-14-13

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL

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School	TCCHS	Todd County Central High School
Activity Account		TCCHS Faculty Lounge Account
External Support/Booster Organization		
Name of Fundraiser		Faculty/Lounge Fundraiser
Sponsor		Todd Marshall
Date Submitted		8/28/13

Purpose of fundraising activity:

(What will the funds be used for? Be specific)

To raise funds for the TCCHS Faculty/Lounge Account for coffee supplies, etc. needed throughout the school year and staff activities

Items to be sold:

Staff jean week; donations will be accepted.

Beneficiary of fundraising activity:

(Who will receive the benefit of the funds)

TCCHS Faculty/Lounge Account

Date(s) scheduled:

September 23-27, 2013

Names of adult supervisors at activity (chaperones, custodians, etc.):

Todd Marshall
Ramona Taylor

Athletic Fundraiser	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, sport involved:		
Corresponding sport participating in fundraiser?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Coaches Signature (corresponding sport)	Date	

Circle One:

Approved

Not Approved


Principal

Date

8-30-13

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL

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JTB

School	TCCHS	Todd County Central High School
Activity Account		TCCHS Faculty Lounge Account
External Support/Booster Organization		
Name of Fundraiser		Faculty/Lounge fundraiser
Sponsor		Todd Marshall
Date Submitted		8/28/13

Purpose of fundraising activity:

(What will the funds be used for? Be specific)

To raise funds for the TCCHS Faculty/Lounge Account for coffee supplies needed throughout the school year, and activities for staff, etc.

Items to be sold:

Staff jean week; donations will be accepted.

Beneficiary of fundraising activity:

(Who will receive the benefit of the funds)

TCCHS Faculty/Lounge Account

Date(s) scheduled:

December 9-13, 2013

Names of adult supervisors at activity (chaperones, custodians, etc.):

Todd Marshall
Ramona Taylor

Athletic Fundraiser	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, sport involved:		
Corresponding sport participating in fundraiser?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Coaches Signature (corresponding sport)	Date	

Circle One:

Approved

Not Approved



Principal

Date

8-30-13

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL

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School <u>TCCHS</u>	
Activity Account	
External Support/Booster Organization	<u>(Lady Rebels Basketball)</u>
Name of Fundraiser <u>Booster</u>	<u>(Coke Sales)</u>
Sponsor	<u>(Spring)</u>
Date Submitted <u>8/30/13</u>	

Purpose of fundraising activity:

(What will the funds be used for? Be specific)

Help raise money for the team to attend
basketball camps the summer of 2014

Items to be sold:

Coke products

Beneficiary of fundraising activity:

(Who will receive the benefit of the funds)

Lady Rebel Basketball Team

Date(s) scheduled:

March / April 2014

Names of adult supervisors at activity (chaperones, custodians, etc.):

Coach Phil

Lori Carver

Coach Casebolt

Diane Hampton

Coach Hope

Bridget Robinson

Tammy Keeling

Athletic Fundraiser

If yes, sport involved:

Girls Basketball

Yes



No



Corresponding sport participating in fundraiser?

Yes



No



Stacy Phillips

8-29-13

Coaches Signature (corresponding sport)

Date

Circle One:

Approved

Not Approved

[Signature]

Date

8-30-13

Principal

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL

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School <u>TCCHS</u>	
Activity Account <u>Boosters</u>	
External Support/Booster Organization	<u>Lady Rebel Basketball</u>
Name of Fundraiser <u>→</u>	<u>Race for the Rebels 5K</u>
Sponsor <u>-</u>	
Date Submitted <u>8/29/13</u>	

Purpose of fundraising activity: (What will the funds be used for? Be specific)
Help raise funds for the team to attend the UT Lady Vol Basketball camp in the summer of 2014

Items to be sold:
5K Race, entry fee, Tshirts

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
Lady Rebel Basketball

Date(s) scheduled:
October 2013

Names of adult supervisors at activity (chaperones, custodians, etc.):

<u>Coach Phil</u>	<u>Bridget Robinson</u>	<u>Troy Robinson</u>
<u>Coach Casebolt</u>	<u>Diane Hampton</u>	
<u>Coach Hope</u>	<u>Tammy Keeling</u>	<u>David Keeling</u>
<u>Lori Caner</u>	<u>Bill Caner</u>	

Athletic Fundraiser	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involved: <u>Girls Basketball</u>		
Corresponding sport participating in fundraiser?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Steve Phillips</u>		
Coaches Signature (corresponding sport)	<u>8-29-13</u> Date	

Circle One: Approved Not Approved

[Signature] _____ Date _____
Principal

_____ Date _____
SBDM Council (If Council Policy)

_____ Date _____
Superintendent

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

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School	TCCHS
Activity Account	Boastie
External Support/Booster Organization	Lady Rebel Basketball
Name of Fundraiser	Flash Mob
Sponsor	
Date Submitted	5/29/13

Purpose of fundraising activity:

(What will the funds be used for? Be specific)

Help raise funds for the team to attend the UT Lady Vol basketball in the summer of 2014

Items to be sold:

pay to participate in flash mob, TShirts

Beneficiary of fundraising activity:

(Who will receive the benefit of the funds)

Lady Rebel Basketball

Date(s) scheduled:

January 2014

Names of adult supervisors at activity (chaperones, custodians, etc.):

Coach Phil	Ann Osborne	Tammy Keeling
Coach Casebolt	Lori Carver	
Coach Hope	Diane Hampton	
Katherine Power	Bridget Robinson	

Athletic Fundraiser

If yes, sport involved:

Girls Basketball

Yes

☒

No

☐

Corresponding sport participating in fundraiser?

Yes

☒

No

☐

Steve Bluffs

8-29-13

Coaches Signature (corresponding sport)

Date

Circle One:

Approved

Not Approved

Date

Principal

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

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SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL

School <u>TCCAS</u>	
Activity Account <u>Booster</u>	
External Support/Booster Organization	<u>Lady Rebel Basketball</u>
Name of Fundraiser <u>→</u>	<u>Mother-Daughter Tea</u>
Sponsor	
Date Submitted <u>8/29/13</u>	

Purpose of fundraising activity: (What will the funds be used for? Be specific)
Help raise funds for the team to attend the UT Lady Vol basketball camp in the summer of 2014

Items to be sold:
Tickets, Pictures, shirts, baskets

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
Lady Rebel Basketball

Date(s) scheduled:
May 2014

Names of adult supervisors at activity (chaperones, custodians, etc.):
Coach Phil Bridget Robinson
Coach Casebolt Diane Hampton
Coach Hope Tammy Keeling
Lori Carver

Athletic Fundraiser	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, sport involved: <u>Girls Basketball</u>	
Corresponding sport participating in fundraiser?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<u>Steve Phillips</u>	<u>8-29-13</u>
Coaches Signature (corresponding sport)	Date

Circle One: Approved Not Approved

[Signature] Date 8-30-13

Principal

SBDM Council (If Council Policy) _____ Date _____

Superintendent _____ Date _____

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

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School	TCC HS
Activity Account	Boston
External Support/Booster Organization	Lady Rebel Basketball
Name of Fundraiser	T-Shirt Sales
Sponsor	
Date Submitted	8/29/13

Purpose of fundraising activity:

(What will the funds be used for? Be specific)

Help raise money for the team to attend basketball camps in the summer of 2014

Items to be sold:

T-Shirts

Beneficiary of fundraising activity:

(Who will receive the benefit of the funds)

Lady Rebel Basketball

Date(s) scheduled:

May / June 2014

Names of adult supervisors at activity (chaperones, custodians, etc.):

Coach Phil	Bridget Robinson
Coach Casebolt	Diane Hampton
Coach Hope	Tammy Keeling
Lori Carver	

Athletic Fundraiser	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, sport involved: Girls Basketball	
Corresponding sport participating in fundraiser?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Stewbulla	8-29-13
Coaches Signature (corresponding sport)	Date

Circle One:

Approved

Not Approved



Principal

Date

8-30-13

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL

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School <u>TCCHS</u>	
Activity Account <u>Girls Basketball</u>	
External Support/Booster Organization	
Name of Fundraiser <u>Sign Renewals</u>	
Sponsor <u>Girls Boosters</u>	
Date Submitted <u>8/23/13</u>	

Purpose of fundraising activity: (What will the funds be used for? Be specific)
Raise money for Girls Basketball - Travel - Equipment - meals, motels,

Items to be sold:
Sign Sponsorship Renewal

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
Girls Basketball - H.S.

Date(s) scheduled:
Fall of 2013

Names of adult supervisors at activity (chaperones, custodians, etc.):
DAVID Keeling

Athletic Fundraiser	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involved: <u>Girls Basketball</u>		
Corresponding sport participating in fundraiser?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Stew Phillips</u>		
Coaches Signature (corresponding sport)	Date	

Circle One: Approved Not Approved

[Signature] _____ Date _____

Principal _____ Date _____

SBDM Council (If Council Policy) _____ Date _____

Superintendent _____ Date _____

✓
mtb

SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL

School	TCCHS
Activity Account	
External Support/Booster Organization	PTO
Name of Fundraiser	Christmas Play
Sponsor	Doris Kelly
Date Submitted	8/14/13

Purpose of fundraising activity: (What will the funds be used for? Be specific)
Raise money for teacher recognition, (Christmas dinner, Teacher
luncheons, Class supplies, etc.)

Items to be sold:
3 performances
plus performances for each school in county.

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
TCCHS Teachers

Date(s) scheduled:
Week of Nov. 18th and Nov. 22nd, 23rd 2013

Names of adult supervisors at activity (chaperones, custodians, etc.):
Patti Glover, Faye Turnbaugh, Doris Kelly, Lori Cross

Athletic Fundraiser	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, sport involved:		
Corresponding sport participating in fundraiser?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Coaches Signature (corresponding sport)		Date

Circle One: Approved Not Approved

[Signature] _____
Principal Date

SBDM Council (If Council Policy) _____ Date

Superintendent _____ Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

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rtb

School	TCC HS
Activity Account	
External Support/Booster Organization	PTO
Name of Fundraiser	Car Decals, etc. from Max Graphics Machine
Sponsor	Doris Kelly
Date Submitted	8/14/13

Purpose of fundraising activity: (What will the funds be used for? Be specific)
Raise money for teacher recognition. (Christmas dinner, Teacher luncheons, Class supplies, etc.)

Items to be sold:
Car Window Decals, Bumper Stickers, Car Tags, Parking Tags, etc.

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
TCC HS Teachers

Date(s) scheduled:
Home ball games (2013-2014 school year)

Names of adult supervisors at activity (chaperones, custodians, etc.):
Patti Glover, Faye Turnbaugh, Doris Kelly, Lori Cross

Athletic Fundraiser	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, sport involved:		
Corresponding sport participating in fundraiser?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Coaches Signature (corresponding sport)	Date	

Circle One:

Approved

Not Approved

[Signature]
Principal

Date

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL

✓
rtb

School	TCCHS	Todd County Central High School
Activity Account		Youth Services Center
External Support/Booster Organization		
Name of Fundraiser		Christmas Angel Program
Sponsor		Kelli Templeman
Date Submitted		8/28/13

Purpose of fundraising activity:

(What will the funds be used for? Be specific)

To raise funds for the Christmas Angel Program for angel families in 2013.

Items to be sold:

Staff jean week; donations will be accepted.

Beneficiary of fundraising activity:

(Who will receive the benefit of the funds)

Youth Services Center to use funds for Christmas Angel program to supplement Christmas needs for families and students.

Date(s) scheduled:

October 21-25, 2013

Names of adult supervisors at activity (chaperones, custodians, etc.):

Kelli Templeman
Ramona Taylor

Athletic Fundraiser	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, sport involved:		
Corresponding sport participating in fundraiser?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Coaches Signature (corresponding sport)	Date	

Circle One:

Approved

Not Approved


Principal

Date

8-30-13

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL

✓
Job

School	TCCHS	Todd County Central High School
Activity Account		Youth Services Center
External Support/Booster Organization		
Name of Fundraiser		Christmas Angel Program
Sponsor		Kelli Templeman
Date Submitted		8/28/13

Purpose of fundraising activity:

(What will the funds be used for? Be specific)

To raise funds for the Christmas Angel Program for angel families in 2013.

Items to be sold:

Staff jean week; donations will be accepted.

Beneficiary of fundraising activity:

(Who will receive the benefit of the funds)

Youth Services Center to use funds for Christmas Angel Program to supplement Christmas needs for families and students

Date(s) scheduled:

November 18-26, 2013

Names of adult supervisors at activity (chaperones, custodians, etc.):

Kelli Templeman
Ramona Taylor

Athletic Fundraiser	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, sport involved:		
Corresponding sport participating in fundraiser?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Coaches Signature (corresponding sport)	Date	

Circle One:

Approved

Not Approved

Principal

Date

8-30-13

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

✓
JTB

School	Todd County Central High School
Activity Account	Youth Services Center
External Support/Booster Organization	
Name of Fundraiser	Salvavidas CPR Training Agency
Sponsor	Kelli Templeman
Date Submitted	8/16/2013

Purpose of fundraising activity: (What will the funds be used for? Be specific)
To provide training services in CPR and First Aid and Safety to our students in P.E.

Items to be sold:
Donations will be accepted.

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
Salvavidas Training Agency

Date(s) scheduled:
December 4th 2013

Names of adult supervisors at activity (chaperones, custodians, etc.):
Coach Phillips and Kelli Templeman

Athletic Fundraiser	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, sport involved:		
Corresponding sport participating in fundraiser?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Coaches Signature (corresponding sport)	Date
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Circle One: Approved Not Approved

Principal

Date
Date

SBDM Council (If Council Policy)	Date
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Superintendent	Date
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