

SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL

School	Todd County Middle School
Activity Account	Band
External Support/Booster Organization	No
Name of Fundraiser	Krispy Kreme Doughnuts
Sponsor	Carmichael
Date Submitted	9/18/13

Purpose of fundraising activity: (What will the funds be used for? Be specific)

Raising money for instruments, equipment, supplies, and travel for the band and its director.

Items to be sold:

Krispy Kreme Doughnuts

Beneficiary of fundraising activity:

(Who will receive the benefit of the funds)

TCMS Band

Date(s) scheduled:

November 4th through 15th.

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

Carmichael

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

9/24/13

Date

Date

Principal

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCMS
Activity Account	Boy's and Girl's Basketball
External Support/Booster Organization	
Name of Fundraiser	Basketball Jamboree
Sponsor	Calvin Head/Robbie Weathers/Hope Hill
Date Submitted	9/17/13

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
To purchase equipment, travel, food, etc. for the girl's and boy's basketball teams

Items to be sold:  
Host Basketball Jamboree - gate/concessions/sponsorship fees

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
Girl's and Boy's basketball players

Date(s) scheduled:  
9-Nov-13

Names of adult supervisors at activity (chaperones, custodians, etc.):  
Calvin Head  
Robbie Weathers  
Hope Hill

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

Circle One: <input checked="" type="radio"/> Approved <input type="radio"/> Not Approved	9-17-13
Principal <i>Connie Weathers</i>	Date 9/24/2013
SBDM Council (If Council Policy)	Date
Superintendent	Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCMS
Activity Account	Rebel General
External Support/Booster Organization	
Name of Fundraiser	Rebel General Store
Sponsor	Sandy Power
Date Submitted	9/20/13

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
 Rebel General Store - selling school supplies during lunch time as a classroom activity and learning experience  
 Practical Living 8th Grade class - used as a class activity on how to run a store... They must interview, send in a resume  
 before they can actually work in the store. They learn how to perform jobs related to the store

Items to be sold:  
 Pencils, paper, erasers, flash drives, posterboard, etc

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
 Minimal amount of funds generated, but turn around and purchase more items for resale.

Date(s) scheduled:  
 Every Tuesday, Wednesday, and Thursday during the school year

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

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

*Connie Wofford* 9/24/13

Principal Date 9/24/13

SBDM Council (If Council Policy) Date

Superintendent Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	Todd County Middle School
Activity Account	Youth Services Center
External Support/Booster Organization	
Name of Fundraiser	Jean Week
Sponsor	Ashley Thomas
Date Submitted	8/28/2013

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
To help provide items for families at Christmas time in the district.

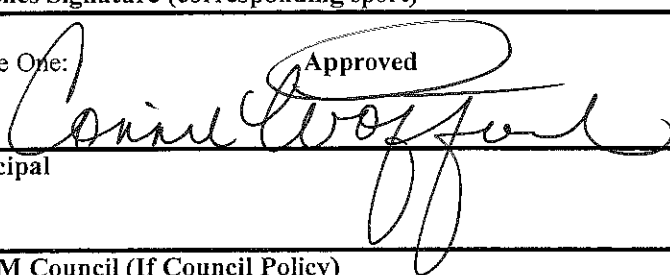
Items to be sold:  
None, staff member will be allowed to wear jeans for a designated time.

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
FRYSC Christmas Angels

Date(s) scheduled:  
Various times from September 2013 to December 2013.

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

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
<div style="display: flex; justify-content: space-between;"> <span>Circle One: <u>Approved</u></span> <span>Not Approved</span> </div> <div style="text-align: center; margin-top: 20px;">  </div>	<div style="text-align: center; margin-top: 20px;"> <u>9/24/2013</u>  Date </div>
Principal	<div style="text-align: center; margin-top: 20px;"> <u>9/24/2013</u>  Date </div>
SBDM Council (If Council Policy)	Date
Superintendent	Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCMS
Activity Account	Donation to TCCHS Alumni
External Support/Booster Organization	
Name of Fundraiser	Jean Week
Sponsor	TCCHS Alumni
Date Submitted	#### 22-Sep-13

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
 To raise funds to support the TCCHS Alumni Association.

Items to be sold:  
 Donation for Jean Week

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

Date(s) scheduled:  
 October, 2013

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

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

SBDM Council (If Council Policy)

Superintendent

Date

Date

Date

Date