

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

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<b>School</b>	<b>TCCHS</b>
<b>Activity Account</b>	<b>Band In House</b>
<b>External Support/Booster Organization</b>	
<b>Name of Fundraiser</b>	<b>Auntie Ann's Pretzels</b>
<b>Sponsor</b>	<b>Calvin Warren III/Jennifer Oyler</b>
<b>Date Submitted</b>	<b>9/19/2013</b>

**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 Auntie Ann's pretzels and other items.**

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

**Date(s) scheduled:**  
**Dec-13 -**

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

<b>Athletic Fundraiser</b> If yes, sport involved:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
<b>Corresponding sport participating in fundraiser?</b> <div style="text-align: center;">BAND</div>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
<b>Coaches Signature (corresponding sport)</b> 	<b>Date</b> ###		

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

<b>Principal</b> 	<b>Date</b> 9-19-13
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<b>SBDM Council (If Council Policy)</b>	<b>Date</b>
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<b>Superintendent</b>	<b>Date</b>
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<b>Purpose of fundraising activity:</b> <b>To raise funds for the Todd County band to function. I.E.- equipment upkeep, instrument rental, instrument purchase, accessories, fuel, etc.</b>	<b>(What will the funds be used for? Be specific)</b>
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Date \_\_\_\_\_

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**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Band In House
External Support/Booster Organization	
Name of Fundraiser	TCCHS band ad book
Sponsor	Calvin Warren III/Jennifer Oyler
Date Submitted	9/19/2013

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:  
soliciting ad space for our programs to be handed out at various events.

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

Date(s) scheduled:  
October/November 2013

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 ###	

Circle One:                      Approved                      Not Approved

  
Principal

09/19/13  
Date 9-19-13  
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	Letter writing campaign
Sponsor	Calvin Warren III/Jennifer Oyler
Date Submitted	9/19/2013


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:  
Writing letters to relatives and community members to help sponsor band for trips, uniform care, etc.


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

Date(s) scheduled:  
October/November 2013

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 ### 9/19/13

Circle One:                      Approved                      Not Approved

 \_\_\_\_\_ Date 9-19-13

Principal \_\_\_\_\_ Date

SBDM Council (If Council Policy) \_\_\_\_\_ Date

Superintendent \_\_\_\_\_ Date



**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

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<b>School</b>	<b>TCCHS</b>
<b>Activity Account</b>	<b>Beta Club</b>
<b>External Support/Booster Organization</b>	
<b>Name of Fundraiser</b>	<b>Shamrocks for St. Jude</b>
<b>Sponsor</b>	<b>Billy Shanks/Beta Club</b>
<b>Date Submitted</b>	<b>9/23/2013</b>

**Purpose of fundraising activity:** (What will the funds be used for? Be specific)  
**Activities to fulfill required community service for Beta Club**

**Items to be sold:**  
**Shamrocks**


**Beneficiary of fundraising activity:** (Who will receive the benefit of the funds)  
**St. Jude**

**Date(s) scheduled:**  
**January or February 2014**

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

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

Circle One: Approved Not Approved

  
**Principal** **Date**

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

**Superintendent** **Date**

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

<b>School</b>	<b>TCCHS</b>
<b>Activity Account</b>	<b>Beta</b>
<b>External Support/Booster Organization</b>	
<b>Name of Fundraiser</b>	<b>Beta Fall Social</b>
<b>Sponsor</b>	<b>Beta Club</b>
<b>Date Submitted</b>	<b>9/23/2013</b>

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

**Graduating students will be selected from candidates to receive scholarships**

**Items to be sold:**

**Admission into gym for provided entertainment/snacks and music provided**

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

**Any student with a GPA of 2.5 will be allowed to attend this function. Money raised goes to Beta Club**

**Date(s) scheduled:**

**11/26/2013**

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

**Mr. Shanks and any teacher that volunteers**

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

Circle One:

Approved

Not Approved

**Date**

**Principal**

**Date**

**SBDM Council (If Council Policy)**

**Date**

**Superintendent**

**Date**

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

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<b>School</b>	<b>TCCHS</b>
<b>Activity Account</b>	<b>Beta Club</b>
<b>External Support/Booster Organization</b>	
<b>Name of Fundraiser</b>	<b>Pom Poms</b>
<b>Sponsor</b>	<b>Billy Shanks/Beta Club</b>
<b>Date Submitted</b>	<b>9/23/2013</b>

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

All funds will be sent to Kosair Children's Hospital

This will count as community service and to meet state requirements for Beta members

**Items to be sold:**

Pom Poms

**Beneficiary of fundraising activity:**

(Who will receive the benefit of the funds)

Kosair's Children's Hospital

**Date(s) scheduled:**

11/2013 through 1/2014

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

Mr. Billy Shanks

**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

**Date**

*[Signature]*  
**Principal**

**Date**

**SBDM Council (If Council Policy)**

**Date**

**Superintendent**

**Date**

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

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<b>School</b>	<b>TCCHS</b>
<b>Activity Account</b>	<b>Beta</b>
<b>External Support/Booster Organization</b>	
<b>Name of Fundraiser</b>	<b>TCCHS License Plates</b>
<b>Sponsor</b>	<b>Billy Shanks/Beta Club</b>
<b>Date Submitted</b>	<b>9/23/2013</b>

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

Scholarships for TCCHS Graduates

Will also fulfill requires service for Beta members while earning funds for scholarships

**Items to be sold:**

License Plates

**Beneficiary of fundraising activity:**

(Who will receive the benefit of the funds)

Beta Club/TCCHS Students

**Date(s) scheduled:**

October 15 through November 2013

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

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

Circle One:

Approved

Not Approved

**Date**

**Principal**

**Date**

**SBDM Council (If Council Policy)**

**Date**

**Superintendent**

**Date**



SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL

School	TCCHS
Activity Account	Beta Club
External Support/Booster Organization	
Name of Fundraiser	Chicken Leg Competition
Sponsor	Billy Shanks
Date Submitted	10/7/2013

Purpose of fundraising activity:

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

Beta members are required to do a local service for the school to meet national requirements. Funds from this fundraiser will be transferred to assist with the purchase of new speakers for TCCHS. This will meet the former mentioned national Beta requirement.

Items to be sold:

No items will be sold. Donations will be accepted to vote for their favorite "Chicken Leg"

Beneficiary of fundraising activity:

(Who will receive the benefit of the funds)

Beta members and all students at TCCHS

Date(s) scheduled:

November-December 2013

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

Mr. Billy Shanks

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

*[Signature]*

Principal

Date

10-7-13

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

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**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

<b>School</b>	<b>Todd Central</b>
<b>Activity Account</b>	<b>Class of 2015</b>
<b>External Support/Booster Organization</b>	
<b>Name of Fundraiser</b>	<b>Halloween Dance</b>
<b>Sponsor</b>	<b>S. Brooks and S. McGhee</b>
<b>Date Submitted</b>	<b>#### 9/23/13</b>

**Purpose of fundraising activity:** (What will the funds be used for? Be specific)  
**To raise money for Prom 2014 and Class of 2015 Activities.**

**Items to be sold:**  
**Dance tickets**

**Beneficiary of fundraising activity:** (Who will receive the benefit of the funds)  
**Class of 2015**

**Date(s) scheduled:**  
**1-Nov**

**Names of adult supervisors at activity (chaperones, custodians, etc.):**  
**S. Brooks**  
**S. McGhee**

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

<b>Coaches Signature (corresponding sport)</b>	<b>Date</b>
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Circle One: Approved      Not Approved

	<b>Date</b>
<b>Principal</b>	<b>Date</b>

<b>SBDM Council (If Council Policy)</b>	<b>Date</b>
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<b>Superintendent</b>	<b>Date</b>
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**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	Todd County Central High School
Activity Account	Family & Consumer Science Department (FACS)
External Support/Booster Organization	No external supporting organization
Name of Fundraiser	Food Class School Based Business
Sponsor	C. Dickinson Family & Consumer Sciences Department
Date Submitted	September 30, 2013

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

- To supplement funds for the Food/Nutrition class during the 2013-2014 school year;
- To provide students with an entrepreneurship real world learning experience;
- To apply real world soft skills of time management, managing a budget, decision making, problem solving, creative thinking, unit pricing, supply and demand concept, and other skills related to business & industry;

**Items to be sold:**

- Home made pies, yeast breads, quick breads, muffins, and cookies during Thanksgiving and Christmas time; would like to continue taking orders throughout school year if successful during fall semester;
- During Spring semester would like to consider having a lunch item for teachers one or twice a month;
- Audience for sale of items: teachers, parents, and students; items would be made available for pick-up or delivery to teachers or students at end of 7<sup>th</sup> period by Foods/Nutrition students enrolled in Mrs. Dickinson's 7<sup>th</sup> period class;

**Beneficiary of Fundraising activity:** (Who will receive the benefit of the funds?)

- Students enrolled in the Foods/Nutrition class; profit to be utilized for purchasing food items for lab activities and kitchen equipment needs for the student lab areas; FACS Department funds would be used as start-up for this activity;

**Dates Scheduled:**

- Would like to begin upon approval of this activity until end of May 2014;

**Name(s) of adult supervisors:**

- Cynthia Dickinson, FACS Department Head;

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

Principal's signature \_\_\_\_\_

Date 10-7-13

SBDM Council (If Council Policy)

Date \_\_\_\_\_

Superintendent

Date \_\_\_\_\_

SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL

School	Todd County Central High School
Activity Account	
External Support/Booster Organization	Football Booster
Name of Fundraiser	5K Run
Sponsor	Football Booster Club
Date Submitted	

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
The purpose is to raise funds for the football program.

Items to be sold:  
Entrance Fees; T-Shirts; Drinks

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
Todd County Booster Club (Football)

Date(s) scheduled:  
Tenatively scheduled for January

Names of adult supervisors at activity (chaperones, custodians, etc.):  
Shannon Cole, Kelli Penick, Jeff Penick, Brigetta Bishop, Tom Bicksler

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"/>
<i>Boys' Soccer</i>		
Coaches Signature (corresponding sport)	Date <i>10/7/13</i>	

Circle One:                      Approved                      Not Approved

*Todd Marshall*  
Principal

Date

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date



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**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	Todd Central
Activity Account	Greenhouse
External Support/Booster Organization	
Name of Fundraiser	Beef Sticks
Sponsor	Bradley McKinney
Date Submitted	9/10/13

**Purpose of fundraising activity:** (What will the funds be used for? Be specific)  
 The beef sticks will be sold at the end of the school day. The money made out of this fundraiser will go into the Greenhouse Account. This will go toward buying supplies for the Greenhouse such as soil, seed, electrodes and metal for the shop.

**Items to be sold:**

Beef Sticks

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

Greenhouse The students will have materials to use in lab settings.

**Date(s) scheduled:**

10/15/13 until 4-1-2014

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

Bradley McKinney

**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

*Bradley McKinney*

Principal

**Date**

9-11-13

**Date**

**SBDM Council (If Council Policy)**

**Date**

**Superintendent**

**Date**

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

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<b>School</b>	<b>TCCHS</b>
<b>Activity Account</b>	<b>Softball</b>
<b>External Support/Booster Organization</b>	
<b>Name of Fundraiser</b>	<b>Donation Letters</b>
<b>Sponsor</b>	<b>Calvin Head</b>
<b>Date Submitted</b>	<b>9/17/13</b>

**Purpose of fundraising activity:** (What will the funds be used for? Be specific)  
**To purchase equipment, travel, food, etc. for the entire girl's softball team**

**Items to be sold:**  
**Send out letters requesting donations from businesses, family, and friends**

**Beneficiary of fundraising activity:** (Who will receive the benefit of the funds)  
**All girl's softball players**

**Date(s) scheduled:**  
**Spring 2014 (probably February or March)**

**Names of adult supervisors at activity (chaperones, custodians, etc.):**  
**Calvin Head**  
**Tracy Walters**  
**Marissa Perry**  
**Leigh Ellen Bristow**

<b>Athletic Fundraiser</b> <b>If yes, sport involved:</b> <b>Corresponding sport participating in fundraiser? Softball</b> 	<b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>9-17-13</b> <b>Date</b>
<b>Coaches Signature (corresponding sport)</b>	

Circle One: Approved Not Approved

	<b>Date</b>
<b>Principal</b>	<b>Date</b>
<b>SBDM Council (If Council Policy)</b>	<b>Date</b>
<b>Superintendent</b>	<b>Date</b>

SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL

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<b>School</b>	TCCHS
<b>Activity Account</b>	Softball
<b>External Support/Booster Organization</b>	
<b>Name of Fundraiser</b>	Signs
<b>Sponsor</b>	Calvin Head
<b>Date Submitted</b>	9/17/13

**Purpose of fundraising activity:** (What will the funds be used for? Be specific)  
 To purchase equipment, travel, food, etc. for the entire girl's softball team

**Items to be sold:**  
 Send out requests for payment for signs to hang on the fence

**Beneficiary of fundraising activity:** (Who will receive the benefit of the funds)  
 All girl's softball players

**Date(s) scheduled:**  
 Spring 2014 (probably February or March)

**Names of adult supervisors at activity (chaperones, custodians, etc.):**  
 Calvin Head  
 Tracy Walters  
 Marissa Perry  
 Leigh Ellen Bristow

<b>Athletic Fundraiser</b>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<b>If yes, sport involved:</b>				
<b>Corresponding sport participating in fundraiser?</b> Softball	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
			9-17-13	
<b>Coaches Signature (corresponding sport)</b>	<b>Date</b>			

Circle One: Approved Not Approved

\_\_\_\_\_  
**Principal** Date

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

\_\_\_\_\_  
**Superintendent** Date



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**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

<b>School</b>	<b>TCCHS</b>
<b>Activity Account</b>	<b>Softball</b>
<b>External Support/Booster Organization</b>	
<b>Name of Fundraiser</b>	<b>Softball Tournament</b>
<b>Sponsor</b>	<b>Calvin Head</b>
<b>Date Submitted</b>	<b>9/17/13</b>


**Purpose of fundraising activity:** (What will the funds be used for? Be specific)  
**To purchase equipment, travel, food, etc. for the entire girl's softball team**

**Items to be sold:**  
**Host Girl's Softball Tournament - Entry Fees, Concessions, gate, t-shirt sales**

**Beneficiary of fundraising activity:** (Who will receive the benefit of the funds)  
**All girl's softball players**

**Date(s) scheduled:**  
**Spring 2014 (March, April, May 2014)**

**Names of adult supervisors at activity (chaperones, custodians, etc.):**  
**Calvin Head**  
**Tracy Walters**  
**Marissa Perry**  
**Leigh Ellen Bristow**

<b>Athletic Fundraiser</b>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<b>If yes, sport involved:</b>				
<b>Corresponding sport participating in fundraiser?</b> <b>Softball</b>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
				
<b>Coaches Signature (corresponding sport)</b>				<b>Date</b>
				<b>9-17-13</b>

Circle One: Approved Not Approved

  
**Principal** **Date**

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

**Superintendent** **Date**



**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

<b>School</b>	<b>TCCHS</b>
<b>Activity Account</b>	<b>Softball</b>
<b>External Support/Booster Organization</b>	
<b>Name of Fundraiser</b>	<b>Softball Camp</b>
<b>Sponsor</b>	<b>Calvin Head</b>
<b>Date Submitted</b>	<b>9/17/13</b>

**Purpose of fundraising activity:** (What will the funds be used for? Be specific)  
**To purchase equipment, travel, food, etc. for the entire girl's softball team**

**Items to be sold:**  
**Softball camp for elementary-middle school age girls**

**Beneficiary of fundraising activity:** (Who will receive the benefit of the funds)  
**All girl's softball players**

**Date(s) scheduled:**  
**Spring 2014 (April or May 2014)**

**Names of adult supervisors at activity (chaperones, custodians, etc.):**  
**Calvin Head**  
**Tracy Walters**  
**Marissa Perry**  
**Leigh Ellen Bristow**

<b>Athletic Fundraiser</b>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<b>If yes, sport involved:</b>				
<b>Corresponding sport participating in fundraiser?</b> <b>Softball</b>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<i>Calvin Head</i>				<b>9-17-13</b>
<b>Coaches Signature (corresponding sport)</b>				<b>Date</b>

Circle One: Approved Not Approved

*John M. [Signature]* \_\_\_\_\_ **Date** \_\_\_\_\_  
**Principal** \_\_\_\_\_ **Date** \_\_\_\_\_

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

\_\_\_\_\_  
**Superintendent** \_\_\_\_\_ **Date** \_\_\_\_\_

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**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

<b>School</b>	<b>TCCHS</b>
<b>Activity Account</b>	<b>Softball</b>
<b>External Support/Booster Organization</b>	
<b>Name of Fundraiser</b>	<b>T-shirt sales</b>
<b>Sponsor</b>	<b>Calvin Head</b>
<b>Date Submitted</b>	<b>9/17/13</b>


**Purpose of fundraising activity:** (What will the funds be used for? Be specific)  
**To purchase equipment, travel, food, etc. for the entire girl's softball team**

**Items to be sold:**  
**T-shirts for TCCHS Lady Rebel Softball**


**Beneficiary of fundraising activity:** (Who will receive the benefit of the funds)  
**All girl's softball players**

**Date(s) scheduled:**  
**Spring 2014 (March, April, May 2014)**

**Names of adult supervisors at activity (chaperones, custodians, etc.):**  
**Calvin Head**  
**Tracy Walters**  
**Marissa Perry**  
**Leigh Ellen Bristow**

<b>Athletic Fundraiser</b>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<b>If yes, sport involved:</b>				
<b>Corresponding sport participating in fundraiser?</b> <b>Softball</b>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	9-17-13			
<b>Coaches Signature (corresponding sport)</b>	<b>Date</b>			

Circle One: Approved Not Approved

	<b>Date</b>
<b>Principal</b>	<b>Date</b>
<b>SBDM Council (If Council Policy)</b>	<b>Date</b>
<b>Superintendent</b>	<b>Date</b>

JTB

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

<b>School</b>	TCCHS
<b>Activity Account</b>	Softball
<b>External Support/Booster Organization</b>	
<b>Name of Fundraiser</b>	Meat Sale
<b>Sponsor</b>	Calvin Head
<b>Date Submitted</b>	9/17/13

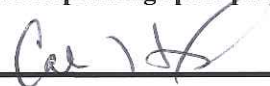
**Purpose of fundraising activity:** (What will the funds be used for? Be specific)  
 To purchase equipment, travel, food, etc. for the entire girl's softball team

**Items to be sold:**  
 Meat Sale - Boston Butt or Ribs

**Beneficiary of fundraising activity:** (Who will receive the benefit of the funds)  
 All girl's softball players

**Date(s) scheduled:**  
 Spring 2014 (probably February or March)

**Names of adult supervisors at activity (chaperones, custodians, etc.):**  
 Calvin Head  
 Tracy Walters  
 Marissa Perry  
 Leigh Ellen Bristow

<b>Athletic Fundraiser</b>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<b>If yes, sport involved:</b>				
<b>Corresponding sport participating in fundraiser?</b> Softball	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
				
<b>Coaches Signature (corresponding sport)</b>				Date
				9-17-13

Circle One: Approved Not Approved

  
**Principal** \_\_\_\_\_ **Date** \_\_\_\_\_

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

\_\_\_\_\_  
**Superintendent** \_\_\_\_\_ **Date** \_\_\_\_\_

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

✓  
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<b>School</b>	TCCHS
<b>Activity Account</b>	TCCHS Veteran's Day Program
<b>External Support/Booster Organization</b>	
<b>Name of Fundraiser</b>	Donations for Vets
<b>Sponsor</b>	TCCHS/PTO
<b>Date Submitted</b>	9/11/2013

**Purpose of fundraising activity:** (What will the funds be used for? Be specific)  
 Funds will be used to continue our annual Veteran's Day Program, assisting with breakfast expenses, decorations, flags, etc.  
 \_\_\_\_\_  
 \_\_\_\_\_

**Items to be sold:**  
 Calls will be made and letters mailed requesting donations so we can continue honoring our Todd County Vets.  
 \_\_\_\_\_  
 \_\_\_\_\_

**Beneficiary of fundraising activity:** (Who will receive the benefit of the funds)  
 All Todd County Veterans  
 \_\_\_\_\_  
 \_\_\_\_\_

**Date(s) scheduled:**  
 10/15/2013 through 11/15/2013  
 \_\_\_\_\_  
 \_\_\_\_\_

**Names of adult supervisors at activity (chaperones, custodians, etc.):**  
 \_\_\_\_\_  
 Todd Marshall  
 \_\_\_\_\_  
 Patty Glover  
 \_\_\_\_\_  
 Ramona Taylor  
 \_\_\_\_\_

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

Circle One: Approved Not Approved

\_\_\_\_\_  
 Principal

\_\_\_\_\_  
 Date 9-11-13  
 \_\_\_\_\_  
 Date

\_\_\_\_\_  
 SBDM Council (If Council Policy)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Superintendent

\_\_\_\_\_  
 Date



SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL

*Handwritten initials*

School	TCHS
Activity Account	Volleyball
External Support/Booster Organization	
Name of Fundraiser	Soda Shop
Sponsor	Sarah Penick & Stephanie Conquest
Date Submitted	Sept. 26, 2013

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
 Volleyball team will raise money to pay for athletic gear, camp tournament and hotel fees, food to feed athletes before and senior gifts, and banquet items.

Items to be sold:  
 Icecream and drinks

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
 The Lady Rebel Volleyball Team

Date(s) scheduled:  
 13-Dec-13

Names of adult supervisors at activity (chaperones, custodians, etc.):  
 Sarah Penick, Stephanie Conquest, Dawn Strader, Cheryl Fiese, Tammy Keeling, and Chuck Sadler  
 Lee Ann McCuiston

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

Circle One:      Approved      Not Approved

*[Signature]* \_\_\_\_\_ Date \_\_\_\_\_  
 Principal

\_\_\_\_\_ Date \_\_\_\_\_  
 SBDM Council (If Council Policy)

\_\_\_\_\_ Date \_\_\_\_\_  
 Superintendent

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**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Volleybal
External Support/Booster Organization	
Name of Fundraiser	FanCloth
Sponsor	Sarah Penick & Stephanie Conquest
Date Submitted	

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
 Volleyball team will raise money to pay for athletic gear, camp tournament and hotel fees, food to feed athletes before and after senior gifts, and banquet items.

Items to be sold:  
 Clothing, cell phone covers, bleacher chairs

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
 The Lady Rebel Volleyball Team

Date(s) scheduled:  
 October 21st- November 1st

Names of adult supervisors at activity (chaperones, custodians, etc.):  
 Sarah Penick, Stephanie Conquest, Dawn Strader, Cheryl Fiese, Tammy Keeling, and Chuck Sadler

Athletic Fundraiser	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If yes, sport involved: Volleyball				
Corresponding sport participating in fundraiser?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>Sarah Penick</i>			9/10/13	
Coaches Signature (corresponding sport)			Date	

Circle One:	Approved	Not Approved	
			Date
Principal			Date
			Date
SBDM Council (If Council Policy)			Date
			Date
Superintendent			Date