

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCBOE
Activity Account	Community Education
External Support/Booster Organization	TCHealth Department and Elkton City Hall
Name of Fundraiser	Leadership Todd County
Sponsor	Community Education
Date Submitted	1/9/14

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

Funds to run program

Food

Activities

Items to be sold:

N/A

Registration fee is required

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

Community Education

Date(s) scheduled:

2014-2015

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

Nena Francies

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

Nena Francies

Principal

Date

1.9.14

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date