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**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Central High School
Activity Account	Class of 2015
External Support/Booster Organization	
Name of Fundraiser	Prom
Sponsor	Sarah Brooks and Steven McGhee
Date Submitted	Jan. 16, 2014

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 Class of 2015 to use during their senior year for senior activities

Items to be sold:
 Tickets to Prom

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

Date(s) scheduled:
 26-Apr-14

Names of adult supervisors at activity (chaperones, custodians, etc.):
 Sarah Brooks
 Steven McGhee
 Kim Wofford
 Shannon Bailey
 Jeff Stamps and Scott Fleming

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

Date

John Marshall
 Principal

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

✓
JD

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Central High School
Activity Account	Class of 2015
External Support/Booster Organization	
Name of Fundraiser	Yard Sale
Sponsor	Sarah Brooks
Date Submitted	1/15/2014

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 To raise money for the class of 2015 to use on senior trip, senior t-shirts and possibly project graduation.

Items to be sold:
 House hold items brought in by the current Juniors and their parents.

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

Date(s) scheduled:
 In June during the 400 mile yard sale.

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

Sarah Brooks
 Steven McGhee
 Kim Wofford
 Shannon Bailey
 Todd Marshall

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**

_____ **Date**

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

_____ **Date**

_____ **Superintendent**

_____ **Date**

RB

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Central High School
Activity Account	Drama Club
External Support/Booster Organization	
Name of Fundraiser	Candy Sales
Sponsor	Sarah Brooks
Date Submitted	1/15/2014

Purpose of fundraising activity: (What will the funds be used for? Be specific)
The purpose of this fundraiser is to create funds to build a storage shed behind the auditorium to house all the sets, props and costumes created from the plays.

Items to be sold:
Chocolate as well as other types of candy.

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
The Drama Club.

Date(s) scheduled:
February 21 - March 21, 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 checked="" type="checkbox"/>
Coaches Signature (corresponding sport)	Date	

Circle One: Approved Not Approved _____ Date

[Signature] _____ Date

SBDM Council (If Council Policy) _____ Date

Superintendent _____ Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

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School	Todd County Central High School
Activity Account	Drama Club
External Support/Booster Organization	
Name of Fundraiser	Summer Camp
Sponsor	Sarah Brooks
Date Submitted	Jan. 16, 2014

Purpose of fundraising activity: (What will the funds be used for? Be specific)
To help the club build a storage shed behind the auditorium.

Items to be sold:
A week of camp for elementary and middle school students to create a production with the high school students assisting.

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

Date(s) scheduled:
During the month of June 2015

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 checked="" type="checkbox"/>
Coaches Signature (corresponding sport)	Date	

Circle One:

Approved

Not Approved

Judd Marshall

Principal

Date

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

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**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCHS
Activity Account	Golf
External Support/Booster Organization	
Name of Fundraiser	Golf tournament
Sponsor	Jan Lyon
Date Submitted	1/28/14

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

funds will be used to purchase golf equipment, uniforms & other supplies

Items to be sold:

hole sponsors, mulligans, food, cart path sponsors

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


TCHS golf team

Date(s) scheduled:

April or May 2014

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

; Nakita Barrow, Tom Haley, Mark & Tammy Sharp, Tommy & Debbie Guinn, Reno & Nicole Hampton, Jon Partlow

Athletic Fundraiser	Yes	<input checked="" 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
				1-28-14

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	Todd County Central High
Activity Account	PBIS (Student Rewards)
External Support/Booster Organization	
Name of Fundraiser	candy sales
Sponsor	Jason Gibson
Date Submitted	15-Jan-14

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 The money generated from the sale of candy will go towards funding our school-wide PBIS reward program, reward trips, and supplies and rewards for the "bus ticket" program.

Items to be sold:
 candy (to be sold AFTER the dismissal bell at the end of the day)

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 students - through enrichment activities, field trips and PBIS incentives

Date(s) scheduled:
 Tuesdays and Thursdays, beginning February 11, 2014 and ending May 1, 2014

Names of adult supervisors at activity (chaperones, custodians, etc.):
 Jason Gibson, Sarah Penick, Sarah Gentry, Shannon Bailey, Kelli Templeman, Jennifer Pope

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

Jason Gibson Date _____
 Principal Date _____

SBDM Council (If Council Policy) Date _____

Superintendent Date _____

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**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	#60 Project Graduation 2014
External Support/Booster Organization	
Name of Fundraiser	Car/Tractor Show
Sponsor	Project Graduation
Date Submitted	1/28/2014

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 Expenses for Project Graduation for class of 2014

Items to be sold:

Participation charge, admission to be charged and concessions will be sold.

Donations also accepted.

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

Class of 2014 graduates

Date(s) scheduled:

A Saturday in April or May when other shows are not scheduled.

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

Patti Glover

Lisa Chester

Marissa Perry

Tracy Farlow

Sandy Power

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


Principal

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

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JD

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	#60 Project Graduation 2014
External Support/Booster Organization	
Name of Fundraiser	Donation Solicitation
Sponsor	Project Graduation
Date Submitted	1/28/2014

Purpose of fundraising activity: (What will the funds be used for? Be specific)
Expenses for Project Graduation for class of 2014

Items to be sold:
Community members and businesses will be solicited for donations to support the 2014 project graduation

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
Class of 2014 graduates

Date(s) scheduled:
February 11 through graduation 2014

Names of adult supervisors at activity (chaperones, custodians, etc.):
Patti Glover
Lisa Chester
Marissa Perry
Tracy Farlow
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 checked="" type="checkbox"/>
Coaches Signature (corresponding sport)	Date	

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	#60 Project Graduation 2014
External Support/Booster Organization	
Name of Fundraiser	Drive-Inn Movie
Sponsor	Project Graduation
Date Submitted	1/28/2014

Purpose of fundraising activity: (What will the funds be used for? Be specific)
Expenses for Project Graduation for class of 2014

Items to be sold:
Concessions, gate charge and pre-event ticket sales for a drive-inn movie at TCCHS.
Donations also accepted.


Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
Class of 2014 graduates

Date(s) scheduled:
4/12/2014 or another Saturday in April or May if date needs to be changed.

Names of adult supervisors at activity (chaperones, custodians, etc.):
Patti Glover
Lisa Chester
Marissa Perry
Tracy Farlow
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 checked="" type="checkbox"/>
Coaches Signature (corresponding sport)	Date	

Circle One: Approved Not Approved

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Principal _____ Date

SBDM Council (If Council Policy) _____ Date

Superintendent _____ Date

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**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Project Graduation 2014 (#60)
External Support/Booster Organization	
Name of Fundraiser	Jeans for Project Graduation
Sponsor	Project Graduation
Date Submitted	1/28/14

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 to offset expenses for Project Graduation

Items to be sold:
 district-wide staff can pay \$5 or \$10 to wear jeans for one or two weeks, depending on the worksite

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 class of 2014

Date(s) scheduled:
 February 24, 2014 - March 7, 2014

Names of adult supervisors at activity (chaperones, custodians, etc.):
 Patti Glover, Ramona Taylor, Kristi 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 type="checkbox"/>
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	TCCHS
Activity Account	PTO (#39)
External Support/Booster Organization	
Name of Fundraiser	Prom - Grand March Admission
Sponsor	PTO - Patti Glover, Faye Tournbaugh, Doris Kelly
Date Submitted	1/28/14

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 teacher luncheon; school supplies for students and classrooms

Items to be sold:
 admission to Grand March - \$2.00 per peron, ages 5 and under admitted free

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

Date(s) scheduled:
 26-Apr-14

Names of adult supervisors at activity (chaperones, custodians, etc.):
 PTO - Patti Glover, Faye Tournbaugh, Doris Kelly

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 _____


 Principal _____ Date _____

SBDM Council (If Council Policy) _____ Date _____

Superintendent _____ Date _____

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**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Central High School
Activity Account	Soccer Boosters
External Support/Booster Organization	
Name of Fundraiser	Donation Letters
Sponsor	Steven McGhee / Josh Watkins
Date Submitted	1/9/14

Purpose of fundraising activity: (What will the funds be used for? Be specific)
The funds from the donation letters will be used to pay for the Lord's of Soccer Camp taking place July 21-25, 2014.
Any donations over the cost of the camp will be used on team attire for all team members on both girls and boys teams.

Items to be sold:
Each individual on each team will send out 5 letters to businesses, family members, or people in the community asking them to donate money to the team.

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

Date(s) scheduled:
7/22/14

Names of adult supervisors at activity (chaperones, custodians, etc.):
Steven McGhee
Josh Watkins
Wayne Addison

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

Coaches Signature (corresponding sport) *Steven McGhee* **Date** *1/9/14*

Circle One: Approved Not Approved **Date** *1-15-14*

Josh Watkins
Principal **Date**

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

Superintendent **Date**

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**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Central High School
Activity Account	Soccer Boosters
External Support/Booster Organization	
Name of Fundraiser	Mum Sales
Sponsor	Steven McGhee / Josh Watkins
Date Submitted	1/9/14

Purpose of fundraising activity: (What will the funds be used for? Be specific)
The funds from this fundraiser will be used to help purchase both teams attire for the season. We are looking at a wind suit that includes a jacket and pants, and possibly a shirt as well.

Items to be sold:
The players will sell mums that come in 5 different colors.

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

Date(s) scheduled:
8/29/14

Names of adult supervisors at activity (chaperones, custodians, etc.):
Steven McGhee
Josh Watkins
Wayne Addison

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

Coaches Signature (corresponding sport) *Steven McGhee* **Date** *1/9/14*

Circle One: Approved Not Approved **Date** *1-15-14*

Josh Watkins
Principal **Date**

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

Superintendent **Date**

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

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School	Todd County Central High School
Activity Account	Soccer
External Support/Booster Organization	Soccer Boosters
Name of Fundraiser	Soccer Camp
Sponsor	Steven McGhee / Josh Watkins
Date Submitted	1/15/14

Purpose of fundraising activity: (What will the funds be used for? Be specific)
The purpose of the soccer camp is mainly to get community involvement leading up to kids playing once they are in high school. The money generated from this will help pay for team bonding experiences at WKU high ropes course.

Items to be sold:
At camp there will be a \$30 camp fee per camper which includes a t-shirt. At camp there will be concession that can be purchased as well of powerades, water, m&ms, and skittles.

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

Date(s) scheduled:
3/8/14

Names of adult supervisors at activity (chaperones, custodians, etc.):
Steven McGhee
Josh Watkins
Wayne Addison

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

Coaches Signature (corresponding sport) Steven McGhee **Date** 1/15/14

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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School	Todd County Central High School
Activity Account	TC Quarterback Club
External Support/Booster Organization	TC Quarterback Club
Name of Fundraiser	Advertising Signs
Sponsor	Jones
Date Submitted	1/16/14

Purpose of fundraising activity: (What will the funds be used for? Be specific)
This fundraiser will help off-set the cost of player packs (spirit wear)

Items to be sold:
Advertising signs will be sold to local area business to hang on the football field fence.

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

Date(s) scheduled:
June-September 2014

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

Athletic Fundraiser	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involved: Football		
Corresponding sport participating in fundraiser?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<i>Bryan Jones</i>		
Coaches Signature (corresponding sport)	<i>1/16/14</i>	
	Date	

Circle One: Approved Not Approved

Jed Maddox _____ Date _____
Principal

SBDM Council (If Council Policy) _____ Date _____

Superintendent _____ Date _____

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

Handwritten initials

School	Todd County Central High School
Activity Account	TC Quarterback Club
External Support/Booster Organization	TC Quarterback Club
Name of Fundraiser	BBQ Cookoff
Sponsor	Jones
Date Submitted	1/16/14

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 Help purchase Varsity pre-game meals

Items to be sold:
 Collect entry fees to a BBQ cookoff. Prizes will also be given to winners in particular categories.

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

Date(s) scheduled:
 Summer 2014

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

Athletic Fundraiser If yes, sport involved: Football	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Corresponding sport participating in fundraiser?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<i>Bryan Jones</i> Coaches Signature (corresponding sport)	<i>1/16/14</i> Date

Circle One:

Approved

Not Approved

[Signature]
Principal

Date

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

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**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Central High School
Activity Account	TC Quarterback Club
External Support/Booster Organization	TC Quarterback Club
Name of Fundraiser	5k Run
Sponsor	Jones
Date Submitted	1/16/14

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 Assist with purchase of team planners and character development program.

Items to be sold:
 Organize a 5k run and collect entry fees.

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

Date(s) scheduled:
 Summer/Fall 2014

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

Athletic Fundraiser	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
If yes, sport involved: Football			
Corresponding sport participating in fundraiser?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
<i>Bryan Jones</i>			
Coaches Signature (corresponding sport)	1/29/14		
	Date		

Circle One: Approved Not Approved

<i>Jody [Signature]</i>	Date
Principal	Date
SBDM Council (If Council Policy)	Date
Superintendent	Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

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School	Todd County Central High School
Activity Account	TC Quarterback Club
External Support/Booster Organization	TC Quarterback Club
Name of Fundraiser	Helmet Drive
Sponsor	Jones
Date Submitted	1/16/14

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 Assist with purchase of team planners and character development program.

Items to be sold:
 Collect donations during bike nights on the square.

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

Date(s) scheduled:
 Summer/Fall 2014

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

Athletic Fundraiser	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involved: Football		
Corresponding sport participating in fundraiser?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<i>Bryan Jones</i>	1/29/14	
Coaches Signature (corresponding sport)	Date	

Circle One: Approved Not Approved

[Signature] _____ Date
 Principal Date

SBDM Council (If Council Policy) Date

Superintendent Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Central High School
Activity Account	TC Quarterback Club
External Support/Booster Organization	TC Quarterback Club
Name of Fundraiser	Hi-Chew
Sponsor	Jones
Date Submitted	1/16/14

Purpose of fundraising activity: (What will the funds be used for? Be specific)
This fundraiser will aid in the purchase of cold gear for players.

Items to be sold:
Hi-Chew Candy

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

Date(s) scheduled:
May 2014 - May 2015

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

Athletic Fundraiser If yes, sport involved: Football	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Corresponding sport participating in fundraiser?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<i>Bryan Jones</i> Coaches Signature (corresponding sport)	1/16/14 Date

Circle One: Approved Not Approved

<i>Todd Moore</i> Principal	Date
SBDM Council (If Council Policy)	Date
Superintendent	Date

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**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Central High School
Activity Account	TC Quarterback Club
External Support/Booster Organization	TC Quarterback Club
Name of Fundraiser	Homecoming Concessions
Sponsor	Jones
Date Submitted	1/16/14

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 Help purchase players post-game meals.

Items to be sold:
 Sell Concessions after Homecoming Parade.

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

Date(s) scheduled:
 Fall 2014

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

Athletic Fundraiser	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
If yes, sport involved: Football			
Corresponding sport participating in fundraiser?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
<i>Bryan Jones</i>	1/16/14		
Coaches Signature (corresponding sport)	Date		

Circle One: Approved Not Approved

[Signature] _____ Date _____
 Principal _____ Date _____

SBDM Council (If Council Policy) _____ Date _____

Superintendent _____ Date _____

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

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School	Todd County Central High School
Activity Account	TC Quarterback Club
External Support/Booster Organization	TC Quarterback Club
Name of Fundraiser	Meet The Rebels
Sponsor	Jones
Date Submitted	1/16/14

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 Help players purchase team cleats.

Items to be sold:
 Collect \$1 at the gate of Meet the Rebels.

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

Date(s) scheduled:
 Aug- 2014

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

Athletic Fundraiser	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involved: Football		
Corresponding sport participating in fundraiser?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<i>Bryan Jones</i>	1/16/14	
Coaches/Signature (corresponding sport)	Date	

Circle One:

Approved

Not Approved

[Signature]

Principal

Date

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

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**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Central High School
Activity Account	TC Quarterback Club
External Support/Booster Organization	TC Quarterback Club
Name of Fundraiser	Meet The Rebels
Sponsor	Jones
Date Submitted	1/16/14

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 Help players purchase team cleats.

Items to be sold:
 Sell concessions at Meet the Rebels

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

Date(s) scheduled:
 August

2014

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

Athletic Fundraiser	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
If yes, sport involved: Football			
Corresponding sport participating in fundraiser?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
<i>Bryan Jones</i>	1/16/14		
Coaches Signature (corresponding sport)	Date		

Circle One:

Approved

Not Approved

[Signature]
 Principal

Date

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

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**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Central High School
Activity Account	TC Quarterback Club
External Support/Booster Organization	TC Quarterback Club
Name of Fundraiser	100 Man Club
Sponsor	Jones
Date Submitted	1/16/14

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 This fundraiser will help off-set the cost of player packs (spirit wear)

Items to be sold:
 Membership to a club that will provide meals and a shirt prior to home games.

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

Date(s) scheduled:
 June-September 2014

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

Athletic Fundraiser	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involved: Football		
Corresponding sport participating in fundraiser?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<i>Bryan Jones</i>	1/16/14	
Coaches Signature (corresponding sport)	Date	

Circle One: Approved Not Approved

[Signature] _____ Date _____
 Principal Date

SBDM Council (If Council Policy) _____ Date _____

Superintendent _____ Date _____

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**SCHOOLACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Central High School
Activity Account	TC Quarterback Club
External Support/Booster Organization	TC Quarterback Club
Name of Fundraiser	Pre-Season Scrimmage
Sponsor	Jones
Date Submitted	1/16/14

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 Help pay for senior night expenses.

Items to be sold:
 Sell Concessions at our pre-season scrimmage.

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

Date(s) scheduled:
 Fall 2014

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

Athletic Fundraiser	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involved: Football		
Corresponding sport participating in fundraiser?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<i>Bryan Jones</i>	1/16/14	
Coaches Signature (corresponding sport)	Date	

Circle One: Approved Not Approved

[Signature] _____ Date _____
 Principal

SBDM Council (If Council Policy) _____ Date _____

Superintendent _____ Date _____

ND

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Central High School
Activity Account	TC Quarterback Club
External Support/Booster Organization	TC Quarterback Club
Name of Fundraiser	Pre-Season Scrimmage
Sponsor	Jones
Date Submitted	1/16/14

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 Help pay for senior night expenses.

Gate will be split amongst all teams participating.

Items to be sold:
 Collect gate at pre-season scrimmage.

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

Date(s) scheduled:
 Fall 2014

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

Athletic Fundraiser	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
If yes, sport involved: Football			
Corresponding sport participating in fundraiser?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
<i>Bryan Jones</i>	1/16/14		
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**

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RW

School	Todd County Central High School
Activity Account	TC Quarterback Club
External Support/Booster Organization	TC Quarterback Club
Name of Fundraiser	Powder Puff Flag Football Game
Sponsor	Jones
Date Submitted	1/16/14

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

Items to be sold:
 Sell admissions, concessions, and participation for a powder puff football game.

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

Date(s) scheduled:
 Spring 2014
 Fall 2014

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

Athletic Fundraiser	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involved: Football		
Corresponding sport participating in fundraiser?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<i>Bryan Jones</i>	1/16/14	
Coaches Signature (corresponding sport)	Date	

Circle One: Approved Not Approved

<i>[Signature]</i>	Date
Principal	Date
SBDM Council (If Council Policy)	Date
Superintendent	Date

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**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Central High School
Activity Account	TC Quarterback Club
External Support/Booster Organization	TC Quarterback Club
Name of Fundraiser	Rebel Cards
Sponsor	Jones
Date Submitted	1/16/14

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 This fundraiser will help purchase or repair equipment

Items to be sold:
 Athletes will sell discount cards for area businesses.

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

Date(s) scheduled:
 July/August 2014

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

Athletic Fundraiser	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involved: Football		
Corresponding sport participating in fundraiser?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<i>Bryan Jones</i>	<i>1/16/14</i>	
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**

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School	Todd County Central High School
Activity Account	TC Quarterback Club
External Support/Booster Organization	TC Quarterback Club
Name of Fundraiser	7 on 7 Tournament
Sponsor	Jones
Date Submitted	1/16/14

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 Help pay for pregame and post game food and drinks.

Items to be sold:
 Host other high schools for a 7 on 7 tournament. We will charge the schools an entry fee.

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

Date(s) scheduled:
 Summer 2014

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

Athletic Fundraiser	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involved: Football		
Corresponding sport participating in fundraiser?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<i>Bryan Jones</i>	1/22/14	
Coaches Signature (corresponding sport)	Date	

Circle One: Approved Not Approved

[Signature] _____ Date _____
 Principal

SBDM Council (If Council Policy) _____ Date _____

Superintendent _____ Date _____

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**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Central High School
Activity Account	TC Quarterback Club
External Support/Booster Organization	TC Quarterback Club
Name of Fundraiser	Sprit Wear Sales
Sponsor	Jones
Date Submitted	1/16/14

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 Help off-set cost of players player packs.

Items to be sold:
 Sell shirts, hats, shorts, hoodies, etc.

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

Date(s) scheduled:
 Summer/Fall 2014

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

Athletic Fundraiser	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If yes, sport involved: Football				
Corresponding sport participating in fundraiser?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<i>Bryan Jones</i>				<i>1/16/14</i>
Coach's Signature (corresponding sport)				Date

Circle One: Approved Not Approved

<i>Todd Mason</i>	Date
Principal	Date
SBDM Council (If Council Policy)	Date
Superintendent	Date

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**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Central High School
Activity Account	TC Quarterback Club
External Support/Booster Organization	TC Quarterback Club
Name of Fundraiser	Strawberry Sales
Sponsor	Jones
Date Submitted	1/16/14

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 This fundraiser is used to purchase awards and offset other expenses for the Football Banquet.

Items to be sold:
 1/2 Flats and Whole Flats of Strawberries

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

Date(s) scheduled:
 February - March 2014

Names of adult supervisors at activity (chaperones, custodians, etc.):
 Bryan Jones
 Shannon Cole
 Kelli Penick

Athletic Fundraiser	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If yes, sport involved: Football				
Corresponding sport participating in fundraiser?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<i>Bryan Jones</i>				1/16/14
Coaches Signature (corresponding sport)				Date

Circle One: Approved Not Approved

<i>Jordan [Signature]</i>	Date
Principal	Date
SBDM Council (If Council Policy)	Date
Superintendent	Date

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**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Central High School
Activity Account	TC Quarterback Club
External Support/Booster Organization	TC Quarterback Club
Name of Fundraiser	Sweet Corn Sales
Sponsor	Jones
Date Submitted	1/16/14

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 Assist with purchase of team planners and character development program.

Items to be sold:
 Sell and deliver sweet corn.

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

Date(s) scheduled:
 Summer/Fall 2014

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

Athletic Fundraiser If yes, sport involved: Football	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Corresponding sport participating in fundraiser? <i>Bryan Jones</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 1/16/14
Coaches Signature (corresponding sport)	Date

Circle One: Approved Not Approved

[Signature] _____ Date _____
 Principal

SBDM Council (If Council Policy) _____ Date _____

Superintendent _____ Date _____

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**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Central High School
Activity Account	TC Quarterback Club
External Support/Booster Organization	TC Quarterback Club
Name of Fundraiser	TC Lift-A-Thon
Sponsor	Jones
Date Submitted	1/16/14

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 This fundraiser is used to help pay for summer activities (i.e. 7-on-7 Tournaments, camps, food, drinks, etc.)

Items to be sold:
 None - Players will seek donations and sponsorships

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

Date(s) scheduled:
 May-2014

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

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

Circle One: Approved Not Approved

[Signature] _____ Date
 Principal Date

SBDM Council (If Council Policy) _____ Date

Superintendent _____ Date

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**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Central High School
Activity Account	TC Quarterback Club
External Support/Booster Organization	TC Quarterback Club
Name of Fundraiser	Weightlifting Meet
Sponsor	Jones
Date Submitted	1/16/14

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 Assist players pay to go to summer camps.

Items to be sold:
 Collect entry fees from schools that compete in our Weightlifting meet.

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

Date(s) scheduled:
 Spring 2014

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

Athletic Fundraiser	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
If yes, sport involved: Football			
Corresponding sport participating in fundraiser?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
<i>Bryan Jones</i>	1/16/14		
Coaches Signature (corresponding sport)	Date		

Circle One: Approved Not Approved

Judd [Signature] _____ Date
 Principal Date

SBDM Council (If Council Policy) _____ Date

Superintendent _____ Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

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School	Todd County Central High School
Activity Account	TC Quarterback Club
External Support/Booster Organization	TC Quarterback Club
Name of Fundraiser	Youth Football Camp
Sponsor	Jones
Date Submitted	1/16/14

Purpose of fundraising activity: (What will the funds be used for? Be specific)
This fundraiser will help purchase or repair equipment

Items to be sold:
None - We will hold a camp for elementary and middle school aged kids.

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

Date(s) scheduled:
May/June - 2014

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

Athletic Fundraiser If yes, sport involved: Football	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Corresponding sport participating in fundraiser?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<i>Bryan Jones</i> Coaches Signature (corresponding sport)	1/16/14 Date

Circle One:

Approved

Not Approved

[Signature]
Principal

Date

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

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**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Todd County Volleyball Boosters
External Support/Booster Organization	
Name of Fundraiser	Carwash
Sponsor	
Date Submitted	Jan. 22, 2014

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 The money will be raised to support the Todd County volleyball players. Profits will be used to pay tournament fees, equipment and supplies.

Items to be sold:
 Car washes

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

Date(s) scheduled:
 26-Jul-14

Names of adult supervisors at activity (chaperones, custodians, etc.):
 Sarah Penick, Stephanie Conquest and volunteer booster parents.

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>	1/28/14			
Coaches Signature (corresponding sport)	Date			

Circle One: Approved Not Approved

Date

[Signature]

Principal Date

SBDM Council (If Council Policy) _____ Date

Superintendent _____ Date

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**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Todd County Volleyball Boosters
External Support/Booster Organization	
Name of Fundraiser	Volleyball Concession Stand
Sponsor	
Date Submitted	Jan. 22, 2014

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 The money will be raised to support the Todd County volleyball players. Profits will be used to pay tournament fees, equipment and supplies.

Items to be sold:
 Nachos, popcorn, candy bars, drinks, candy, hotdogs and vball tshirts

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

Date(s) scheduled:
 August - November - all home games for vball season

Names of adult supervisors at activity (chaperones, custodians, etc.):
 Sarah Penick, Stephanie Conquest and volunteer booster parents.

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>	1/28/14			
Coaches Signature (corresponding sport)	Date			

Circle One: Approved Not Approved

Date

[Signature]

Principal Date

SBDM Council (If Council Policy) Date

Superintendent Date

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SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL

School	TCCHS
Activity Account	Girls Volleyball
External Support/Booster Organization	
Name of Fundraiser	Lady Rebel Volleyball JV Slam Down Tournament
Sponsor	
Date Submitted	Jan. 16, 2014

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 Girls Volleyball summer camp fees and team equipment, supplies.

Items to be sold:
 Team entry fees, concessions, tshirts, gate/door fees

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 Todd Central Lady Rebel Volleyball Program

Date(s) scheduled:
 Aug. 23, 2014

Names of adult supervisors at activity (chaperones, custodians, etc.):
 Sarah Penick, Stephanie Conquest

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>Sarah Penick</i>		1-16-14
Coaches Signature (corresponding sport)	Girls Volleyball	Jan. 16, 2014

Circle One: Approved Not Approved

<i>[Signature]</i>	Date
Principal	Date
SBDM Council (If Council Policy)	Date
Superintendent	Date

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**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Girls Volleyball
External Support/Booster Organization	
Name of Fundraiser	Lady Rebel Volleyball Skills & Drills Camp
Sponsor	
Date Submitted	Jan. 14, 2014

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 Girls Volleyball summer camp fees and team equipment, supplies.

Items to be sold:
 Instructional camp for beginning volleyball players

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 Todd Central Lady Rebel Volleyball Program

Date(s) scheduled:
 May 27-29, 2014

Names of adult supervisors at activity (chaperones, custodians, etc.):
 Sarah Penick, Stephanie Conquest

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>Sarah Penick</i>				<i>1/14/14</i>
Coaches Signature (corresponding sport)	Girls Volleyball			Jan. 14, 2014

Circle One: Approved Not Approved

[Signature] Date *1-15-14*

Principal Date

SBDM Council (If Council Policy) Date

Superintendent Date