

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	TC Wrestling
External Support/Booster Organization	
Name of Fundraiser	Donations
Sponsor	Bryan Jones
Date Submitted	4/21/14

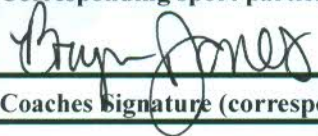
Purpose of fundraising activity: (What will the funds be used for? Be specific)  
 Purchase a used mat for practice.

Items to be sold:  
 None - We will be asking for donations.

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

Date(s) scheduled:  
 Immediately until season begins.

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: Wrestling				
Corresponding sport participating in fundraiser?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	4/28/14			
Coaches Signature (corresponding sport)	Date			

Circle One: Approved Not Approved

  
 Principal

Date 4-29-14  
 Date

SBDM Council (If Council Policy)

Date

Superintendent

Date