

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

| | |
|---------------------------------------|---------------------------|
| School | Todd County Middle School |
| Activity Account | Band |
| External Support/Booster Organization | N/A |
| Name of Fundraiser | Donations |
| Sponsor | David Carmichael |
| Date Submitted | 6-Aug-14 |

Purpose of fundraising activity: (What will the funds be used for? Be specific)
Funds will be used for student and director travel, band supplies, instrument repairs/additions, and music.

Items to be sold:
Donations will be sought out (in leui of fundraising items, or in addition to) throughout the year.

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

Date(s) scheduled:
2014-15 school year

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

Athletic Fundraiser Yes ☐ No ☒

If yes, sport involved:

Corresponding sport participating in fundraiser? Yes ☐ No ☒

Coaches Signature (corresponding sport) _____ Date _____

Circle One:

Connie Wofford

Approved

Not Approved

Date *8-26-2014*

Principal

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

| | |
|---------------------------------------|----------------------|
| School | TCMS |
| Activity Account | Dance Team |
| External Support/Booster Organization | |
| Name of Fundraiser | Football Concessions |
| Sponsor | Katherine Power |
| Date Submitted | #### 8/20/14 |

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 To raise funds to help support the Todd County Middle School Dance Team for dance team apparel, dance camp, food, and any other expenses the dance team might have for this 2014-2015 school year

Items to be sold:
 Concessions items - hotdogs, nachos, candy, drinks, etc.

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 All dance team members

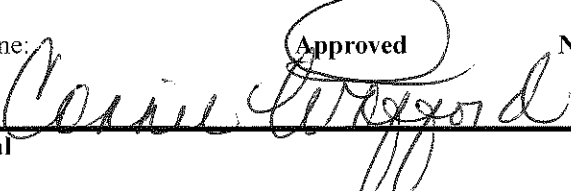
Date(s) scheduled:
 At all HOME football games - Sept 9, Sept 18, Sept 30, October 2

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

| | | |
|--|------------------------------|-----------------------------|
| Athletic Fundraiser | Yes <input 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 |
|---|------|

Circle One: Approved Not Approved

| | |
|---|---------------------|
| Principal  | Date <u>8-26-14</u> |
|---|---------------------|

| | |
|----------------------------------|------|
| SBDM Council (If Council Policy) | Date |
|----------------------------------|------|

| | |
|----------------|------|
| Superintendent | Date |
|----------------|------|

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

| | |
|---------------------------------------|---|
| School | TCMS |
| Activity Account | Scholastic Reading - Reading Department |
| External Support/Booster Organization | |
| Name of Fundraiser | Scholastic Book Club |
| Sponsor | Lisa Petrie |
| Date Submitted | 26-Aug-14 |

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 Students will purchase books and materials from Scholastic which earns points for our school.
 The points will be used to purchase books And other reading material for the classroom and library.

Items to be sold:
 Books and reading materials from the Scholastic Book Club.40

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 Reading Teachers and the Library

Date(s) scheduled:
 September 2014- May 2015

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

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|--|------------------------------|-----------------------------|
| Athletic Fundraiser | Yes <input 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 | |

Circle One: Approved Not Approved

Carrie Wrayford Date 8-26-14
 Principal Date

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 | Christmas Angel Program |
| Sponsor | Kelli Templeman/YSC Staff |
| Date Submitted | ### |

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

To raise funds for Christmas Angel Program for angel families in 2014. The Youth Services Center Coordinator is requesting to have a staff jean week on October 20-24 and again on November 17-25, 2014. Staff will be able to wear jeans during this mentioned days during the school day as part of the fundraiser. \$7 for October if wearing jeans all week or \$2 per day; \$10 for November days or \$2/day.

Items to be sold:

Donations will be accepted, especially other than listed above.

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

Youth Services Center to use funds for Christmas Angel program purchases for students and families as needed.

Date(s) scheduled:

October 20-24, 2014 and November 17-25, 2014

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

Kelli Templeman and Ramona Taylor for finance

| | | |
|--|------------------------------|--|
| 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"/> |
| Kelli Templeman | ## | |
| Coaches Signature (corresponding sport) | Date | |

Circle One:

Approved

Not Approved

Principal

Date

Date

SBDM Council (If Council Policy)

Date

SCHOOL ACTIVITY FUND FUNDRAISER APPROVAL

| | |
|---------------------------------------|--------------------------------------|
| School | Todd County Middle School |
| Activity Account | Youth Services Center Account |
| External Support/Booster Organization | |
| Name of Fundraiser | Salvavidas Training Agency |
| Sponsor | Kelli Templeman/Maurice Weatherspoon |
| Date Submitted | ### |

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 To teach/certify all students taking P.E./Health in CPR and first aid by the American Heart Association training guidelines. Salvavidas Training Agency will train all students during their class for one day.

Items to be sold:
 Donations will be accepted

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 Salvavidas Training Agency/Maurice Weatherspoon

Date(s) scheduled:
 November 12th 2014

Names of adult supervisors at activity (chaperones, custodians, etc.):
 Maurice Weatherspoon, P.E./Health Middle School Teacher

| | | |
|--|------------------------------|--|
| 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"/> |
| Kelli Templeman | ## | |
| Coaches Signature (corresponding sport) | Date | |

Circle One: Approved Not Approved

Principal Connie Weatherspoon

Date 8-26-14
 Date

SBDM Council (If Council Policy)

Date

**SCHOOL ACTIVITY FUND
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| | |
|---------------------------------------|---------------------------|
| School | Todd County Middle School |
| Activity Account | Youth Services Center |
| External Support/Booster Organization | |
| Name of Fundraiser | Hygiene Drive/New Items |
| Sponsor | Kelli Templeman/YSC Staff |
| Date Submitted | ### |

Purpose of fundraising activity: (What will the funds be used for? Be specific)
To collect hygiene items for students & families in need to include Christmas Angel families and for students and families in crisis/emergency situations.

Items to be sold:
Donations will be accepted, especially other than listed above.

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
Youth Services Center to use for students and families as needed.

Date(s) scheduled:
October 27-November 14th 2014

Names of adult supervisors at activity (chaperones, custodians, etc.):
Kelli Templeman and YSC Staff

| | | |
|--|------------------------------|--|
| 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"/> |
| Kelli Templeman | ## | |
| Coaches Signature (corresponding sport) | Date | |

Circle One: Approved Not Approved

Principal

Date

8-26-14
Date

SBDM Council (If Council Policy)

Date