SCHOOL ACTIVITY FUND FUNDRAISER APPROVAL

| School | Todd County Middle School | | |
|--|---|--|---------------------------|
| Activity Account | Student Rewards | et fangen en men en de gjen til flytte gjen en som gjen en gennem en men getyppte og skrivet i skrivet skrivet | |
| External Support/Booster Organization | | | |
| Name of Fundraiser | Monthly Hat Day | | |
| Sponsor | Administration | | |
| Date Submitted | #### Setpember 19, 2014 | n namengan pagaman (1976-1989) ang mangan naman dan Managan ya Managan Managan na manan da manan a | |
| Purpose of fundraising activity: Proceeds will be used to purchase items, mate | (What will the funds be used for? Be s rials, and resources needed for students as a | | |
| Items to be sold: On announced Hat Day, students will pay \$1 | for the priviledge to wear a hat. | | |
| Beneficiary of fundraising activity: TCMS Student Rewards Programs | (Who will receive the benefit of the fu | nds) | |
| Date(s) scheduled: Monthly, beginning in October. Names of adult supervisors at activity (chape Administration and staff | rones, custodians, etc.): | | |
| Athletic Fundraiser | | Yes | No |
| If yes, sport involved: Corresponding sport participating in fundra | iser? | Yes | No |
| Coaches Signature (corresponding sport) | | D | ate |
| Circle One Approved Principal | Not Approved | Date J | 9 -23 -14 Pate |
| SBDM Council (If Council Policy) Superintendent | Fild - | 9- | eate - 23 - 14 Pate |

SCHOOL ACTIVITY FUND FUNDRAISER APPROVAL

| School | North Todd Elementary School | |
|---|--|--|
| Activity Account | Freedom Feet Program | 2,1 |
| External Support/Booster Organization | | |
| Name of Fundraiser | Freedom Feet Program through L | emongrass Spa |
| Sponsor | | |
| Date Submitted | 9/29/2014 | |
| Purpose of fundraising activity: | (What will the funds be used for? | Be specific) |
| The funds from this activity will be given to | a LemongrassSpa Representative for t | he Freedom Feet Program |
| Foot care kits will be sent to military person | | |
| | | |
| Items to be sold: Coin jars will be placed in classrooms for str | udents to bring coins to donate | |
| Beneficiary of fundraising activity: | (Who will receive the benefit of th | e funds) |
| military personnel overseas | WHILE AD COMMISSION DESCRIPTION OF THE PROPERTY OF THE PROPERT | AND THE PROPERTY OF THE PROPER |
| | | |
| Date(s) scheduled: October 20 - December 12, 2014 Names of adult supervisors at activity (chap | erones, custodians, etc.): | |
| D. N.V. (1. /D.C.V. | | |
| B. White, T Shemwell | THE PROPERTY OF THE PROPERTY O | The state of the s |
| SANGE AND A SANGE | | |
| MATERIAL PROPERTY OF THE PARTY | | |
| Athletic Fundraiser | | Yes No X |
| If yes, sport involved: | | 110 / |
| Corresponding sport participating in fundra | aiser? | Yes No X |
| . Garant Landsking was sent and | | 110 |
| | | |
| Coaches Signature (corresponding sport) | | Date |
| A Trans | - | |
| Circle One: Approved | Not Approved | |
| | | Date |
| Contessa Orr | | 11/4/2013 |
| Principal | | Date |
| | | |
| No. | | National Designation of the Control |
| SBDM Council (If Council Policy) | | Date |
| | | |
| Superintendent | | Date |
| Superintenuent | | Date |

SCHOOL ACTIVITY FUND FUNDRAISER APPROVAL

| School | North Todd Elementary School | | |
|--|---------------------------------------|--|--|
| Activity Account | School - general | | |
| External Support/Booster Organization | | | |
| Name of Fundraiser | popcorn snack day | | |
| Sponsor | B. White | | |
| Date Submitted | 9/29/2014 | | |
| Purpose of fundraising activity: | (What will the funds be used for | r? Be specific) | |
| The funds from this activity will be used to pu | rchase technology, teaching material | ls, student resources | |
| | | | |
| Items to be sold: a bag of popcorn will be sold to students after | 1:30 for a snack. The cost of this ba | g would be \$1.00. | Managana ma |
| Beneficiary of fundraising activity: | (Who will receive the benefit of | the funds) | |
| NTES students and staff | | | |
| | | | |
| Date(s) scheduled: 10/23/2014 | | | |
| Names of adult supervisors at activity (chaper | ones, custodians, etc.): | The state of the s | |
| B. White, T Shemwell | | | |
| | | | |
| Athletic Fundraiser | | Yes | No X |
| If yes, sport involved: | | | |
| Corresponding sport participating in fundrais | ser? | Yes | No X |
| | | | |
| Coaches Signature (corresponding sport) | | | Date |
| Circle One: Approved | Not Approved | | |
| T.pprovou | T. S. V.P. D. O. | Date | ÷ |
| Contessa Orr | | | 10/2/2014 |
| Principal | | | Date |
| - | | | |
| SBDM Council (If Council Policy) | | | Date |
| Superintendent | | MARGANINA CONTINUES Y | Date |
| Supermient | | 1 | Jait |