

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Middle School
Activity Account	Student Rewards
External Support/Booster Organization	
Name of Fundraiser	Monthly Hat Day
Sponsor	Administration
Date Submitted	#### Setpember 19, 2014

Purpose of fundraising activity: (What will the funds be used for? Be specific)
Proceeds will be used to purchase items, materials, and resources needed for students as a reward

Items to be sold:
On announced Hat Day, students will pay \$1 for the priviledge to wear a hat.

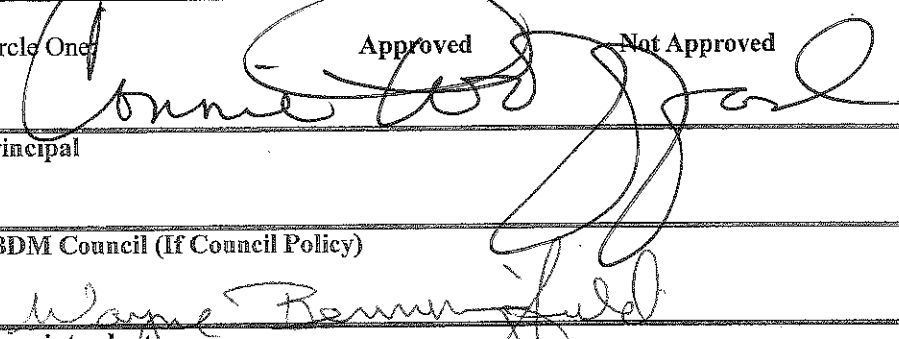
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
TCMS Student Rewards Programs

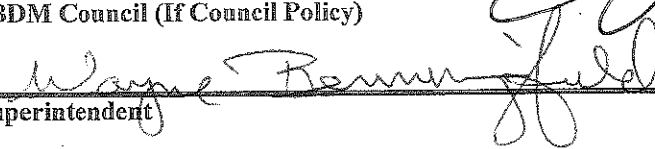
Date(s) scheduled:
Monthly, beginning in October.

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

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
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Circle One	Approved <input checked="" type="radio"/> Not Approved <input type="radio"/>	
		Date <u>9-23-14</u>
Principal		Date

SBDM Council (If Council Policy)	Date
	
Superintendent	Date <u>9-23-14</u>

SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL

School	North Todd Elementary School
Activity Account	Freedom Feet Program
External Support/Booster Organization	
Name of Fundraiser	Freedom Feet Program through Lemongrass 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 the Freedom Feet Program
Foot care kits will be sent to military personnel overseas.

Items to be sold:

Coin jars will be placed in classrooms for students to bring coins to donate

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

military personnel overseas

Date(s) scheduled:

October 20 - December 12, 2014

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

B. White, T Shemwell

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

11/4/2013

Date

Contessa Orr

Principal

SBDM Council (If Council Policy)

Date

Superintendent

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? Be specific)

The funds from this activity will be used to purchase technology, teaching materials, 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 bag would be \$1.00.

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 (chaperones, custodians, etc.):

B. White, T Shemwell

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

Contessa Orr

10/2/2014

Principal

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date