

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

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School	TCHS
Activity Account	Boy's Basketball Account
External Support/Booster Organization	
Name of Fundraiser	Coaches vs. Cancer
Sponsor	Shonda Sammons
Date Submitted	28-Oct-14

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

To raise money for American Cancer Society/Relay for Life

All proceeds will be donated.

Items to be sold:

Business/individual sponsorships, t-shirts, Change War, District Staff "dress down week", "Pass the Bucket", Todd Coun
Homemakers Bake Sale during basketball game

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

American Cancer Society/Relay For Life

Date(s) scheduled:

January 19, 2015 through February 6, 2015

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

Shonda Sammons, Cherie Morris, Tracy Walters

Athletic Fundraiser	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If yes, sport involvec Basketball				
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]
Principal

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

yes

School	TCCHS
Activity Account	Band
External Support/Booster Organization	
Name of Fundraiser	Cornerstone Auction - Concessions
Sponsor	Calvin Warren III
Date Submitted	9/8/14

Purpose of fundraising activity: (What will the funds be used for? Be specific)
to raise funds for equipment, uniform up-keep and other student needs related to the TCCHS band

Items to be sold:
cotton candy, candy, water, sodas, hamburgers, hotdogs, etc., to be sold at the Cornerstone Auction

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

Date(s) scheduled:
February, 2015

Names of adult supervisors at activity (chaperones, custodians, etc.):
Calvin Warren III, Becky Edwards, Pam Dunn, Jennifer Oyler and Sue England

Athletic Fundraiser	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
If yes, sport involved: band				
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
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Superintendent	Date
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SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL

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School	TCCHS
Activity Account	09 TCCHS Band
External Support/Booster Organization	
Name of Fundraiser	Donation Letter Solicitations
Sponsor	Calvin Warren, Band Director
Date Submitted	27-Oct-14

Purpose of fundraising activity: (What will the funds be used for? Be specific)
Donations received will help cover the cost incurred to take the band to state competition.

Items to be sold:
Letters will be sent to community members and businesses requesting donations to the TCCHS band account.

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
TCCHS Marching Rebel Band

Date(s) scheduled:
Beginning 11/11/14 pending approval by SBDM and Board.


Names of adult supervisors at activity (chaperones, custodians, etc.):
Calvin Warren
Pam Dunn
Stacy Joiner

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

10/27/14

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

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**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Volleyball
External Support/Booster Organization	
Name of Fundraiser	Thirty-One Bags
Sponsor	Sarah Penick
Date Submitted	10/21/14

Purpose of fundraising activity: (What will the funds be used for? Be specific)
Raise funds for locker room, practice gear, tournament fees

Items to be sold:
Thirty-One Bags (items will be sold, with a percentage of the total donated back to the Volleyball team)

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

Date(s) scheduled:
November 11 - 14

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

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

Circle One:	Approved	Not Approved	Date
<i>Jenifer Rpa</i>			
Principal			Date
SBDM Council (If Council Policy)			Date
Superintendent			Date