

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Middle School
Activity Account	School Play/Student Rewards
External Support/Booster Organization	
Name of Fundraiser	Musical Ticket Sales and Chili Supper tickets.
Sponsor	School Play/21st century
Date Submitted	#### 27-Oct-14

Purpose of fundraising activity: (What will the funds be used for? Be specific)
Proceeds will be used to purchase items needed for the school musical and supper as well as items for student rewards..
Other items may be purchased to improve school classrooms and other school wide needs.

Items to be sold:
ticket sales for Musical and supper

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
TCMS School play and student rewards.

Date(s) scheduled:
December 5 & 6 2014 at TCMS cafeteria

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

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	<div style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px;">Approved</div> <div style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px; margin-left: 20px;">Not Approved</div>	10 Date <u>10-28-14</u>
Principal		Date

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

Superintendent	Date
----------------	------

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Middle School
Activity Account	TCMS Band
External Support/Booster Organization	N/A
Name of Fundraiser	Great American Fundraising (discount cards)
Sponsor	Carmichael
Date Submitted	10/24/2014

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 The band will be raising funds through the sale of spirit cards, accepted nation wide at both local and national chain restaurants, grocery stores, outlet malls, clothing stores, and more. Funds will be used to purchase new music, supplies, instruments, and/or assist with travel costs for both students and staff of the TCMS Band.

Items to be sold:
 Spirit/savings cards (nation-wide)

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

Date(s) scheduled:
 mid-to-late November

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

Athletic Fundraiser Yes ☐ No ☒
 If yes, sport involved: _____
 Corresponding sport participating in fundraiser? Yes ☐ No ☐

Coaches Signature (corresponding sport) _____ Date _____

Circle One: Approved Not Approved

Principal

Date 10-28-14

SBDM Council (If Council Policy)

Date _____

Superintendent

Date _____

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCMS
Activity Account	Cheer
External Support/Booster Organization	N/A
Name of Fundraiser	TCMS Cheer Uniform Sales
Sponsor	Dana Simons
Date Submitted	10/20/14

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 The money raised during this fundraiser will be used covering costs of new uniforms and mats purchased by the cheerleading squad. At the time of purchase, not all mats were purchased due to reserving current funds. The original plan is to order three more, if funds permit. Funds are also needed to cover the upfront costs of running the concession stand.

Items to be sold:
 Cheerleading uniforms and poms used by TCMS cheerleaders dating back to the 1990s to 2000s. Currently, these uniforms have been taking up space in the attic of the school. They have been recently removed and cleaned.

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 2014-2015 TCMS Cheerleading Squad

Date(s) scheduled:
 If approved, sales will begin Nov. 11th and run through January 15th, 2015.

Names of adult supervisors at activity (chaperones, custodians, etc.):
 Dana Simons (Cheer Coach), Cheer Parent Volunteers (Shannon Martin, Dana Orr, Jill DeFello, Brandy Klees, Mandy Shemwell, Jennifer Berry, Misty Chestnut, Kristy Fowler, Sonia Mason, Nancy Cunningham, Jennifer Mauldin, Kelley Anderson)

Athletic Fundraiser	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involved:		
Corresponding sport participating in fundraiser?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<i>Dana Simons</i>	10/20/2014	
Coaches Signature (corresponding sport)	Date	

Circle One: Approved Not Approved

Principal

Date

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

Nov 22

School	Todd County Middle School
Activity Account	Boy's and Girl's Basketball
External Support/Booster Organization	
Name of Fundraiser	Rebel Pride Night
Sponsor	Boy's and Girl's Basketball and Coaches
Date Submitted	10/3/14

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

To raise money to pay neccecary expenditures throughout the school year, to include needed equipment ,travel expenses, uniforms, tournament fees, baquet, and other related expenses.

Items to be sold:

We will be hosting a Rebel Pride Night which will include the following fundraising activities: Student vs. parents game, free-a-thon, supper, consession, dontations/sponsorship, spirt items, and basketball competitions.

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

Todd County Middle School boy's and girl's basketball.

Date(s) scheduled:

TBA(October/November)

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

Robbie Weathers, Hope Hill, Robert Lightning

Athletic Fundraiser	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involved: Basketball		
Corresponding sport participating in fundraiser?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Coaches Signature (corresponding sport) _____ Date _____

Circle One:

Approved *Not Approved*

Date *10-28-14*

Principal

SBDM Council (If Council Policy)

Date

Superintendent

Date