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School	TCCHS			
Activity Account	Athletics			
External Support/Booster Organization				
Name of Fundraiser	Pep Section Clothes			
Sponsor	E. Fitch/ S McGhee			
Date Submitted	11/20/14			antonia antoni
Purpose of fundraising activity:  To generate funds for	(What will the funds be used for? Be spoor the athletic department	ecific)		
Items to be sold: Shirts for Pep Section	on of Basketball			
Beneficiary of fundraising activity: Athletic Departmen	(Who will receive the benefit of the fund	ls)		Welcome control to the second specific
Date(s) scheduled: Winter 2014-15  Names of adult supervisors at activity (chaper Elizabeth Fitch Steven McGhee John Dillard	ones, custodians, etc.):			
Athletic Fundraiser		Yes	X	No
If yes, sport involved: Athletic Departmen				
Corresponding sport participating in fundrais  Coaches Signature (corresponding sport)	er? Habab Lith	Yes	\\\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	No
Circle One: Approved	Not Approved		Date	······································
Principal		•	Date	
SBDM Council (If Council Policy)		•	Date	
Superintendent		•	Date	

School TCCHS	
Activity Account Band	
External Support/Booster Organization	
Name of Fundraiser Elkton Park Baseball C	Concessions
Sponsor Calvin Warren III	
Date Submitted 11/20/2014	
Purpose of fundraising activity: To raise funds for equipment, uniform upkeep, a	(What will the funds be used for? Be specific) and other student needs of the TCCHS Band.
Items to be sold: Concession items- candy, hotdogs, hamburgers,	, drinks, etc.
Beneficiary of fundraising activity: TCCHS Rebel Band.	(Who will receive the benefit of the funds)
Date(s) scheduled: January-April ( as many games as are deemed n	necessary through Elkton Park)
Names of adult supervisors at activity (chaperon Calvin Warren III, Becky Edwards, Pam Dunn,	
144144: Tu-3	
Athletic Fundraiser	Yes No No
If yes, sport involved BAND  Corresponding sport participating in fundraiser BAND	Yes No
Coaches Signature (corresponding sport)	Date
Circle One: Approved	Not Approved  Date
Junt Hons	
Pripcipal	Date
SBDM Council (If Council Policy)	Date .
Superintendent	Date



School	TCCHS	-		
Activity Account	Dance Team	***************************************		MANAGEMENT AND THE PARTY NAMED IN COLUMN TO T
External Support/Booster Organization		MEASTRO-MANAGEMENT OF COLUMNIA		become of the charter of the second or serve
Name of Fundraiser	Butter Braids	PHILLIAD REPORT OF THE PRINCE	NAME OF THE OWNER, WHEN	
Sponsor	Katherine Power			0.2222=0444=10044=00====0.00000
Date Submitted	12/1/14	*****		Walker Colonia
Purpose of fundraising activity: monies raised will go to pay for competition exp	(What will the funds be used for? Be spec penses and new warm-ups for each dancer	ific)		
Items to be sold: Butter Braids		Philipping the state of the sta	uus martuusen kuki mekenokka kiris oksoonnaa.	
Beneficiary of fundraising activity: TCCHS Dance Team members	(Who will receive the benefit of the funds			
Date(s) scheduled: (upon approval) December 16th - January 5th				
Names of adult supervisors at activity (chaperon Katherine Power	nes, custodians, etc.):			
Athletic Fundraiser		Yes		No X
If yes, sport involved:		r.c.s		110 [5.1
Corresponding sport participating in fundraise	r?	Yes		No [
Coaches Signature (corresponding sport)		ni garan di distantan banda	Date	
Cincle One: Approved	Not Approved	AND A SECULIAR POSSIBLE OF THE PROPERTY OF THE	Date Date	3/134
Principal				
SBDM Council (If Council Policy)			Date	
Superintendent			Date	

School	TCCHS	
Activity Account	Golf	
External Support/Booster Organization		
Name of Fundraiser	Spring Golf Tournament	
Sponsor	Jan Martin- golf coach	
Date Submitted	11/29/14	ASSESSATION FOR THE PROPERTY OF THE PROPERTY O
Purpose of fundraising activity: The purpose of this golf tournament is to raise golf season.	(What will the funds be used for?) money to purchase uniforms and pay tr	
g, v.e. a.v.e. is sail sails and a sails and a sail sails and a sails and a sail sails and a sails and		<u>CONTRACTOR AND THE PROPERTY CONTRACTOR AND AND AND AND AND AND AND AND AND AND</u>
Items to be sold: entry fees; mulligans		
Beneficiary of fundraising activity: Golf team will be the beneficiary of all money r	(Who will receive the benefit of the	e funds)
April 4th, 2015  Names of adult supervisors at activity (chapero Jan Martin, Debbie Guinn, Tom Haley, Nicole		ark Sharp
Athletic Fundraiser If yes, sport involved: golf Corresponding sport participating in fundraise	er?	Yes x No Yes No x
My March		with the state of
Coachés Signature (corresponding sport)		Date
Circle One: Approved	Not Approved	Date
24-12		Date 13/1/~/
Principal	· · · · · · · · · · · · · · · · · · ·	Date
SBDM Council (If Council Policy)		Date

Superintendent

Date

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School	A. S. S. J. S. C.	das esseis hita dishin kankish sahili kinin kinin konon manan manan mengan anakari mjayin kinin kini Ma	
Activity Account	TCCHS TCCHS HOSA Club		
External Support/Booster Organization	School-wide	CONTROL CONTRO	
Name of Fundraiser	TCCHS/HOSA Fundraiser		AS COMMERCED STREET, S
Sponsor	Tina Marshall	<del></del>	
Date Submitted	12/3/14		elektrik kalante de kiri er annær krist i Sterfer fræm er g
Purpose of fundraising activity: funds generated by donation requests will be use convention. As a thank you for the contribution members of those organizations that gave a donations. Organizations will not be notified of Only medical organizations shall be notified an Items to be sold: donations  Beneficiary of fundraising activity: HOSA club members	a, HOSA members will put together a sr nation. "Thank you" gifts will consist of the "thank you" gift until date/time of	es during the 2015 State Ho nall "thank you" gift for th f a soda and snack for the s the delivery.	ie staff
Date(s) scheduled: pending board approval (December 16th - Janu	nary, 2015)		
Names of adult supervisors at activity (chapero Tina Marshall, Katrena Smith	nes, custodians, etc.):		
Athletic Fundraiser			Ar. I.
If yes, sport involved:		Yes	No x
Corresponding sport participating in fundraise	r?	Yes [	No X
Coaches Signature (corresponding sport)		Date	
Circle One: Approved Principal	Not Approved	Date	
SBDM Council (If Council Policy)		Date	sahtuttaktussassusetassusessynosis k
Superintendent		Date	

School	TCCHS
Activity Account	TCCHS HOSA Club
External Support/Booster Organization	School-wide School-wide
Name of Fundraiser	TCCHS/HOSA spirit shirts
Sponsor	Tina Marshall
Date Submitted	12/3/2014

Purpose of fundraising activity: (V. funds generated by the sale of the shirts will be say	Vhat will the funds be used for? Be spec ed to help pay for transportation and h	sific) iotel co	osts to the	2015 State HOS
conventions		***************************************		
		·	//************************************	
		030000000000000000000000000000000000000	))) (**********************************	
Items to be sold: long and short sleeved t-sl	hirts			
	Who will receive the benefit of the funds	)		
		***********		
Date(s) scheduled: after board approval - beginning December 16, 20	14	A Self-decorphy from proceeding	ace accentaconspiring a paragraph paragraph	www.marcurence.com/controlled/files/files/files/files/files/files/files/files/files/files/files/files/files/fi
Names of adult supervisors at activity (chaperones Tina Marshall, Katrena Smith	s, custodians, etc.):			kajtus sastana pidentaja principa in minimi principa di moner
			······································	
Athletic Fundraiser	the described to the state of t	Yes		No x
If yes, sport involved:		**	- Commond	
Corresponding sport participating in fundraiser?		Yes		No X
Coaches Signature (corresponding sport)			Date	>
Circle One: Approved	Not Approved			
Dunk Po-	majorana majorana		Date	
Principal'			Date	
SBDM Council (If Council Policy)			Date	DOMENTO DE LA CONTRACTOR DE LA CONTRACTO
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School	TCCHS
Activity Account	TC Football
External Support/Booster Organization	
External Support/Booster Organization Name of Fundraiser	Strawberry Sales
Chancar	Bryan Jones
Date Submitted	12/2/14
Purpose of fundraising activity: Offset costs of banquet and awards for banque	(What will the funds be used for? Be specific)
Items to be sold: Half flats and whole flats of strawberries.	
Beneficiary of fundraising activity: Todd County Quarterback Club	(Who will receive the benefit of the funds)
Names of adult supervisors at activity (chaper Bryan Jones Shannon Cole Kelli Penick Kendall Farmer	
Athletic Fundraiser If yes, sport involved: Football Corresponding sport participating in fundrais	Yes X No Yes X No Yes X No
tour tour	12/3
Coaches Signature (corresponding sport)	Date
Circle One: Approved Principal	Not Approved  Date 12/3//- Date
SBDM Council (If Council Policy)	Date
Superintendent	Date

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School	TCCHS
Activity Account	TC Football
External Support/Booster Organization	
Name of Fundraiser	Weightlifting Meet
Sponsor	Bryan Jones
Date Submitted	12/2/14
Purpose of fundraising activity: Purchase or maintain field/weightroom equi	(What will the funds be used for? Be specific) pment.
Items to be sold: Host a weightlifting meet where other school	s will pay an entry fee.
Beneficiary of fundraising activity: Todd County Quarterback Club	(Who will receive the benefit of the funds)
Date(s) scheduled: January-March, 2015	
Names of adult supervisors at activity (chape Bryan Jones	erones, custodians, etc.):
Shannon Cole	
Kelli Penick	
Kendall Farmer	
Athletic Fundraiser If yes, sport involved: Football	Yes x No
Corresponding sport participating in fundra	iser? Yes x No 1 12/3
Coaches Signature (corresponding sport)	Date
Circle One: Approved	Not Approved Date
Held Con	Market Committee and the second of the secon
Principal	Date
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Superintendent	Date



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Activity Account	TC Football		1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
External Support/Booster Organization			
Same of Fundraiser	Sweet Corn Sales	<del>ingan yani kapasai jost kisa ingana ningi jalan kingi ji kalan gipsak alpaju an apagalan an ing</del>	<del>yeriyozi zayayan maya xeebersa asisa asisa asisa kasisa kasisa asisa kasisa asista kasisa asista ka</del>
Sponsor	Bryan Jones		
Date Submitted	12/2/14		
Purpose of fundraising activity: Offset costs of players cleats.	(What will the funds be	used for? Be specific)	
	<del>an ini ing mananan dikabi ini menangan pada manan manan menangan kabupat di</del>		
the state of the second			
items to be sold: Sell sweet corn by the dozen.			
Beneficiary of fundraising activity: Fodd County Quarterback Club	(Who will receive the be	nefit of the funds)	
Date(s) scheduled: Spring, 2015			
Names of adult supervisors at activity (chaperor Bryan Jones Bhannon Cole Kelli Penick Kendall Farmer	nes, eustodians, etc.):		
Athletic Fundraiser If yes, sport involved: Football		Yes	x No
Corresponding sport participating in fundraises		Yes	No 12/3
Coaches Signature (corresponding sport)			Date
Circle One: Approved :	Not Approved		Date (2) (3) (4)
Principal			Date
SBDM Council (If Council Policy)			Date
Superintendent	The state of the s	<del></del>	Date

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School	TCCHS	
Activity Account	TC Football	
External Support/Booster Organization		
Name of Fundraiser	Lift-A-Thon	
Sponsor	Bryan Jones	
Date Submitted	12/2/14	
Purpose of fundraising activity: Equipment needed for season (i.e. mouth piece	(What will the funds be used for? es, footballs)	Be specific)
Market Control of the		
Items to be sold: Take donations for weight lifted during Lift-A	-Thon event.	
Beneficiary of fundraising activity: Todd County Quarterback Club	(Who will receive the benefit of the	ne funds)
NAMES AND ADDRESS OF THE PROPERTY OF THE PROPE		
Date(s) scheduled: April or May, 2015		
<u> </u>		
Names of adult supervisors at activity (chaper Bryan Jones Shannon Cole	ones, custodians, etc.):	
Kelli Penick		
Keni Fenick Kendall Farmer		
Kendan Farmer		
Athletic Fundraiser		Yes x No
If yes, sport involved: Football		103 LX 110 L
Corresponding spop Charticipating in fundrais	237	Yes X No I
O I I I I I I I I I I I I I I I I I I I		
1 10 an-xtxxxx		12/3
Coaches Signature (corresponding sport)		
Coacnes Signature (corresponding sport)		Date
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Principal		Date
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SBDM Council (If Council Policy)		
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Superintendent		Date

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School	TCCHS
Activity Account	TC Football
External Support/Booster Organization	1. COURTIL
Name of Fundraiser	Youth Camp
Sponsor	Bryan Jones
Date Submitted	Bryan Jones 12/2/14
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Purpose of fundraising activity: Offset costs of player packs.	(What will the funds be used for? Be specific)
Items to be sold: Host a youth football camp for children in K-8 fees collected)	8th grade (money generated from participation
Beneficiary of fundraising activity: Todd County Quarterback Club	(Who will receive the benefit of the funds)
Date(s) scheduled: Immediately following the end of the school ye  Names of adult supervisors at activity (chaper- Bryan Jones Shannon Cole Kelli Penick	
Kendall Farmer	
Athletic Fundraiser If yes, sport involved: Football Corresponding sport, participating in fundrais	Yes x No
Amu - SM (4-	er?
Coaches Signature (corresponding sport)	Date
Circle One: Approved	Not Approved  Date   Date   2 /14
Principal Total	Date
T.	Date
SBDM Council (If Council Policy)	Date
Superintendent	Data

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School	TCCHS	
Activity Account	TC Football	
External Support/Booster Organization		
Name of Fundraiser	7 on 7 Tournament	MANANCE O O O O O O O O O O O O O O O O O O O
Sponsor	Bryan Jones	
Date Submitted	1 12/2/14	
Purpose of fundraising activity: Offset costs of player pregame/post-game mea	(What will the funds be used for? Be specific ls.	
PARTIES AND	STETUTE OF STETUTE STATE STA	enancenskoveracionen som paratoren karastatura alikeristinska aktoropologija paratoropologija propositini para
Items to be sold: Host a7 on 7 tournament where participating t	teams will pay an entry fee.	
Beneficiary of fundraising activity: Todd County Quarterback Club	(Who will receive the benefit of the funds)	
Date(s) scheduled: July 2015		
Names of adult supervisors at activity (chapere Bryan Jones	ones, custodians, etc.):	
Shannon Cole		
Kelli Penick		
Kendall Farmer		
Athletic Fundraiser		Yes x No
If yes, sport involved: Football		
Corresponding sport participating in fundrals	er?	Yes x No
Drundty 1		12/3
Coaches Signature (corresponding sport)		Date
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Circle One: Approved	Not Approved	
and the		Date 12/14
Principal	NGC AND 18 SUCKES UNITED AND AND THE STATE OF SUCKES AND	Date
SBDM Council (If Council Policy)		Date
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Superintendent		Date

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School	TCCHS
Activity Account	TC Football
External Support/Booster Organization	
Name of Fundraiser	Softball Tournament
Sponsor	Bryan Jones
Date Submitted	12/2/14
Purpose of fundraising activity: Offset costs of player pregame/post-game meal	(What will the funds be used for? Be specific) s.
Items to be sold: Host a softball tournament where participating	teams will pay an entry fee.
Beneficiary of fundraising activity: Todd County Quarterback Club	(Who will receive the benefit of the funds)
Date(s) scheduled: Summer, 2015	
Names of adult supervisors at activity (chapero Bryan Jones Shannon Cole	nes, custodians, etc.):
Kelli Peniek	
Kendall Farmer	
Athletic Fundraiser If yes, sport involved: Football Corresponding sport participating in fundraise	Yes x No
WIMAXIM A	32/3
Coaches Signature (corresponding sport)	Date
Circle One: Approved Principal Principal	Not Approved  Date  Date  Date
SBDM Council (If Council Policy)	Date
SMAN CONTENT COUNCIL OTHERS	Dave the second of the second
Superintendent	Date

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School	TCCHS			
Activity Account	(24) TCCHS STLP			
External Support/Booster Organization				
Name of Fundraiser	Cartridge Recycling			
Sponsor	Mr. Ghan Smith			
Date Submitted	20-Nov-14			
Purpose of fundraising activity: Student competition registration and showca	(What will the funds be used for? ase participation expenses	Be specific)		
Items to be sold: Cartridges will be recycled				
Beneficiary of fundraising activity: TCCHS STLP students	(Who will receive the benefit of th	e funds)	14	
Names of adult supervisors at activity (chape Mr. Ghan Smith Mrs. Jennifer Pope	erones, custodians, etc.):			
Athletic Fundraiser		Yes		No X
If yes, sport involved:				N. V
Corresponding sport participating in fundra	niser?	Yes		No X
Control Simulation (commenced in a smooth			Dat	
Coaches Signature (corresponding sport)			Dat	
Circle One: Approved	Not Approved			
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Principal			Dat	:e
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Superintendent			Dat	te