

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

*Handwritten initials*

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

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

Items to be sold:  
Shirts for Pep Section of Basketball

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

Date(s) scheduled:  
Winter 2014-15

Names of adult supervisors at activity (chaperones, custodians, etc.):  
Elizabeth Fitch  
Steven McGhee  
John Dillard

Athletic Fundraiser	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If yes, sport involved: Athletic Department				
Corresponding sport participating in fundraiser?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Coaches Signature (corresponding sport)	<i>Elizabeth S. Fitch</i>			Date 11/20/14

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

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS	
Activity Account	Band	
External Support/Booster Organization		
Name of Fundraiser	Elkton Park Baseball Concessions	
Sponsor	Calvin Warren III	
Date Submitted	11/20/2014	

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
To raise funds for equipment, uniform upkeep, and other student needs of the TCCHS Band.

Items to be sold:  
Concession items- candy, hotdogs, hamburgers, drinks, etc.


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

Date(s) scheduled:  
January-April ( as many games as are deemed necessary through Elkton Park)

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 type="checkbox"/>	No <input type="checkbox"/>	
If yes, sport involved BAND			
Corresponding sport participating in fundraiser?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
BAND			
Coaches Signature (corresponding sport)	Date 11/20/19		

Circle One:                      Approved                      Not Approved

  
Principal

\_\_\_\_\_ Date

\_\_\_\_\_ Date

SBDM Council (If Council Policy)

\_\_\_\_\_ Date

Superintendent

\_\_\_\_\_ Date

✓ 100

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Dance Team
External Support/Booster Organization	
Name of Fundraiser	Butter Braids
Sponsor	Katherine Power
Date Submitted	12/1/14

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
 monies raised will go to pay for competition expenses and new warm-ups for each dancer

Items to be sold:  
 Butter Braids

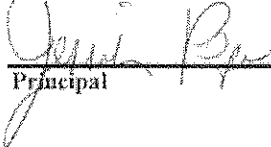
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
 TCCHS Dance Team members

Date(s) scheduled:  
 (upon approval) December 16th - January 5th

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

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 type="checkbox"/>
Coaches Signature (corresponding sport)		Date

Circle One:                      Approved                      Not Approved

  
 Principal

Date  
 12/3/14  
 Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL

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


Purpose of fundraising activity: (What will the funds be used for? Be specific)  
 The purpose of this golf tournament is to raise money to purchase uniforms and pay travel expenses during the golf season.

Items to be sold:  
 entry fees; mulligans

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
 Golf team will be the beneficiary of all money raised

Date(s) scheduled:  
 April 4th, 2015

Names of adult supervisors at activity (chaperones, custodians, etc.):  
 Jan Martin, Debbie Guinn, Tom Haley, Nicole Hampton, Nakita Barrow, Tammy & Mark Sharp

Athletic Fundraiser	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, sport involved: golf	
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  
 12/1/14  
 Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL

School	TCCHS
Activity Account	TCCHS HOSA Club
External Support/Booster Organization	School-wide
Name of Fundraiser	TCCHS/HOSA Fundraiser
Sponsor	Tina Marshall
Date Submitted	12/3/14

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
 funds generated by donation requests will be used for transportation and hotel expenses during the 2015 State HOSA convention. As a thank you for the contribution, HOSA members will put together a small "thank you" gift for the staff members of those organizations that gave a donation. "Thank you" gifts will consist of a soda and snack for the staff members. Organizations will not be notified of the "thank you" gift until date/time of the delivery.

Only medical organizations shall be notified and donations requested.

Items to be sold:

donations

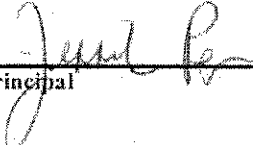
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
 HOSA club members

Date(s) scheduled:  
 pending board approval (December 16th - January, 2015)

Names of adult supervisors at activity (chaperones, custodians, etc.):  
 Tina Marshall, Katrena Smith

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  
 12/4/14  
 Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL

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

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
 funds generated by the sale of the shirts will be saved to help pay for transportation and hotel costs to the 2015 State HOSA conventions

Items to be sold: long and short sleeved t-shirts

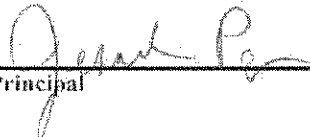
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
 HOSA club members

Date(s) scheduled:  
 after board approval - beginning December 16, 2014

Names of adult supervisors at activity (chaperones, custodians, etc.):  
 Tina Marshall, Katrena Smith

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  
 12/4/14  
 Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

40

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
Offset costs of banquet and awards for banquet.

Half flats and whole flats of strawberries.

Date(s) scheduled:  
orders taken January and February, 2015 with distribution in March, 2015

**Kendall Farmer**

Date 12/3/14  
Date

Date \_\_\_\_\_

Date \_\_\_\_\_

✓  
Ab

SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL

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: (What will the funds be used for? Be specific)  
 Purchase or maintain field/weightroom equipment.

Items to be sold:  
 Host a weightlifting meet where other schools will pay an entry fee.

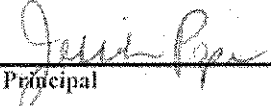
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
 Todd County Quarterback Club

Date(s) scheduled:  
 January-March, 2015

Names of adult supervisors at activity (chaperones, custodians, etc.):  
 Bryan Jones  
 Shannon Cole  
 Kelli Penick  
 Kendall Farmer

Athletic Fundraiser If yes, sport involved: Football	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Corresponding sport participating in fundraiser? 	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 12/3 Date
Coaches Signature (corresponding sport)	

Circle One:                      Approved                      Not Approved

  
 Principal

Date  
 12/3/14  
 Date

SBDM Council (If Council Policy)

Date

Superintendent

Date



**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

✓  
10

School	TCCHS
Activity Account	TC Football
External Support/Booster Organization	
Name of Fundraiser	Sweet Corn Sales
Sponsor	Bryan Jones
Date Submitted	12/2/14

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

Offset costs of players cleats.

Items to be sold:

Sell sweet corn by the dozen.

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

Iodd County Quarterback Club

Date(s) scheduled:

Spring, 2015

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

Bryan Jones

Shannon Cole

Kelli Penick

Kendall Farmer

Athletic Fundraiser

If yes, sport involved: Football

Corresponding sport participating in fundraiser?

*Bryan Jones*

Coaches Signature (corresponding sport)

Yes ☒ No ☐

Yes ☒ No ☐

12/3

Date

Circle One:

Approved

Not Approved

*Jessie R*  
Principal

Date

12/3/14

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL

✓  
AD

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: (What will the funds be used for? Be specific)  
Equipment needed for season (i.e. mouth pieces, footballs)

Items to be sold:  
Take donations for weight lifted during Lift-A-Thon event.

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
Todd County Quarterback Club

Date(s) scheduled:  
April or May, 2015

Names of adult supervisors at activity (chaperones, custodians, etc.):  
Bryan Jones  
Shannon Cole  
Kelli Penick  
Kendall Farmer

Athletic Fundraiser	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, sport involved: Football	
Corresponding sport participating in fundraiser?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<i>Bryan Jones</i>	12/3
Coaches Signature (corresponding sport)	Date

Circle One:                      Approved                      Not Approved

*James R...*  
Principal

Date  
12/3/14  
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	TC Football
External Support/Booster Organization	
Name of Fundraiser	Youth Camp
Sponsor	Bryan Jones
Date Submitted	12/2/14

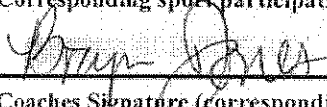
Purpose of fundraising activity: (What will the funds be used for? Be specific)  
Offset costs of player packs.

Items to be sold:  
Host a youth football camp for children in K-8th grade (money generated from participation fees collected)

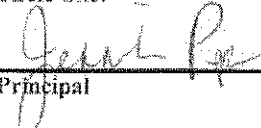
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
Todd County Quarterback Club

Date(s) scheduled:  
Immediately following the end of the school year (May - June, 2015)

Names of adult supervisors at activity (chaperones, custodians, etc.):  
Bryan Jones  
Shannon Cole  
Kelli Penick  
Kendall Farmer

Athletic Fundraiser	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, sport involved: Football	
Corresponding sport participating in fundraiser?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	12/3
Coaches Signature (corresponding sport)	Date

Circle One: Approved Not Approved

  
Principal

Date  
12/3/14  
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL

School	TCCHS
Activity Account	TC Football
External Support/Booster Organization	
Name of Fundraiser	7 on 7 Tournament
Sponsor	Bryan Jones
Date Submitted	12/2/14


Purpose of fundraising activity: (What will the funds be used for? Be specific)  
Offset costs of player pregame/post-game meals.

Items to be sold:  
Host a 7 on 7 tournament where participating teams will pay an entry fee.

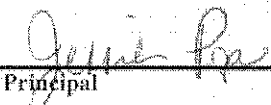
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
Todd County Quarterback Club

Date(s) scheduled:  
July 2015

Names of adult supervisors at activity (chaperones, custodians, etc.):  
Bryan Jones  
Shannon Cole  
Kelli Penick  
Kendall Farmer

Athletic Fundraiser	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
If yes, sport involved: Football			
Corresponding sport participating in fundraiser?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
	12/3		
Coaches Signature (corresponding sport)	Date		

Circle One:                      Approved                      Not Approved

  
Principal

Date  
12/3/14  
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date



✓  
nd

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

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: (What will the funds be used for? Be specific)  
Student competition registration and showcase participation expenses

Items to be sold:  
Cartridges will be recycled

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

Date(s) scheduled:  
As soon as approved and for the remainder of the 2014 - 2015 school year

Names of adult supervisors at activity (chaperones, custodians, etc.):  
Mr. Ghan Smith  
Mrs. Jennifer Pope

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

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date