

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCMS
Activity Account	Dance Team
External Support/Booster Organization	
Name of Fundraiser	Little Debbie Cakes
Sponsor	Katherine Power Cole
Date Submitted	4/24/15

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
 Proceeds will be used to purchase new uniforms, shoes, etc for each girl on the dance team for the 2015-2016 school year.

Items to be sold:  
 Little Debbie Cakes

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
 All TCMS dance team members for the 2015-2016 school year

Date(s) scheduled:  
 May 12, 2015 until May 26, 2015

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

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 4-26-15  
 Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

*Cannot be sold or delivered during school hours.  
 Must be picked up after school hours. (mu)*

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	Todd County Middle School
Activity Account	TCMS Band
External Support/Booster Organization	N/A
Name of Fundraiser	World's Finest Chocolate (\$1 candy bars)
Sponsor	Carmichael
Date Submitted	4/23/2015

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
 The band will be raising funds through the sale of \$1 chocolate bars (after school hours, in accordance with healthy food laws). 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:  
 \$1 chocolate bars

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

Date(s) scheduled:  
 May, 2015

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 4-26-15  
 Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

*Cannot be sold or delivered during school hours.*  
*mu*