

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Middle School
Activity Account	Band
External Support/Booster Organization	N/A
Name of Fundraiser	donations
Sponsor	Carmichael
Date Submitted	12-Jun-15

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 Funds will be used to purchase new music, instruments, and supplies for the band. In addition, funds will help offset costs in student and director travel, food expenses, and/or event fees throughout the school year.

Items to be sold:
 None (donations)

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

Date(s) scheduled:
 2015-16 school year

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 _____ Date 7/6/15
 Principal  _____ Date _____

SBDM Council (If Council Policy) _____ Date _____

Superintendent _____ Date _____

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Middle School
Activity Account	Band
External Support/Booster Organization	N/A
Name of Fundraiser	Kroger Card link/donation
Sponsor	Carmichael
Date Submitted	12-Jun-15

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 Funds will be used to purchase new music, instruments, and supplies for the band. In addition, funds will help offset costs in student and director travel, food expenses, and/or event fees throughout the school year.

Items to be sold:
 None (supporters simply link their cards to the TCMS Band on Kroger's website, and Kroger donates a percentage of the amount sold to our organization)

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

Date(s) scheduled:
 2015-16 school year

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 7/6/15

SBDM Council (If Council Policy) _____ Date _____

Superintendent _____ Date _____

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Middle School
Activity Account	Cheerleading
External Support/Booster Organization	
Name of Fundraiser	Donations
Sponsor	Cheerleading Coaches
Date Submitted	6/23/15

Purpose of fundraising activity: (What will the funds be used for? Be specific)
To raise funds to purchase items for cheerleading.

Items to be sold:
None -- Will ask for donations

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

Date(s) scheduled:
2015-2016 school year

Names of adult supervisors at activity (chaperones, custodians, etc.):
Anne Gant and Mandy Shemwell (coaches)

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:

Approved

Not Approved

Principal

Date

7/6/15

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Middle School
Activity Account	Cheerleading
External Support/Booster Organization	
Name of Fundraiser	Magnets and Decals
Sponsor	Cheerleading Coaches
Date Submitted	6/23/15

Purpose of fundraising activity: (What will the funds be used for? Be specific)
To raise funds to purchase items for cheerleading.

Items to be sold:
Magnets and Decals

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

Date(s) scheduled:
October (at harvest Fest) and during home games

Names of adult supervisors at activity (chaperones, custodians, etc.):
Anne Gant and Mandy Shemwell (coaches)

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
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Circle One: Approved Not Approved

Principal 	Date 7/6/15
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SBDM Council (If Council Policy)	Date
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Superintendent	Date
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**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Middle School
Activity Account	Cheerleading
External Support/Booster Organization	
Name of Fundraiser	Concession Stand Items
Sponsor	Cheerleading Coaches
Date Submitted	6/23/15

Purpose of fundraising activity: (What will the funds be used for? Be specific)
To raise funds to purchase items for cheerleading.

Items to be sold:
Concession Stands items

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

Date(s) scheduled:
2015-2016 school year during home games

Names of adult supervisors at activity (chaperones, custodians, etc.):
Anne Gant and Mandy Shemwell (coaches)

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
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Circle One:

Approved

Not Approved

Principal



Date

7/6/15

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Middle School
Activity Account	Student Rewards
External Support/Booster Organization	
Name of Fundraiser	Dances
Sponsor	TCMS staff
Date Submitted	June 23, 2015

Purpose of fundraising activity: (What will the funds be used for? Be specific)
To raise funds to support student rewards programs

Items to be sold:
Admission, Concessions, pictures

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

Date(s) scheduled:
Back to school - August; Fall Fest - October; Christmas - December; Valetines - February, Spring Fling - April/May

Names of adult supervisors at activity (chaperones, custodians, etc.):
Administration and other staff members (as determined)

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
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Circle One: Approved Not Approved

Principal 	Date <u>7/4/15</u>
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SBDM Council (If Council Policy)	Date
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Superintendent	Date
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