

## SCHOOL ACTIVITY FUND FUNDRAISER APPROVAL

School	North Todd Elementary
Activity Account	Student Rewards
External Support/Booster Organization	
Name of Fundraiser	Selling Tshirts
Sponsor	
Date Submitted	7/8/2015

**Purpose of fundraising activity:** (What will the funds be used for? Be specific)  
We will be selling tshirts that go with our Superhero theme for children and adults.

**Items to be sold:**  
**Tshirts with Superhero Theme.**

**Beneficiary of fundraising activity:** (Who will receive the benefit of the funds)  
**The money will go into student rewards and will be used for PBIS activities and student recognition activities.**

**Date(s) scheduled:**  
7/22/15-8/21/15

**Names of adult supervisors at activity (chaperones, custodians, etc.):**  
**NT Administration**  
**Teressa Shemwell**

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

Circle One: **Approved** **Not Approved**

Date \_\_\_\_\_

**Contessa Orr via email 7/8/15**

Principal

Date \_\_\_\_\_

**SBDM Council (If Council Policy)**

Date \_\_\_\_\_

## Superintendent

Date \_\_\_\_\_

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	North Todd Elementary
Activity Account	Student Rewards
External Support/Booster Organization	
Name of Fundraiser	Selling Smencils
Sponsor	
Date Submitted	7/8/2015

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
We will be selling pencils that the students can use.

Items to be sold:  
Smencils (smelly pencils)

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
The money will go into student rewards and will be used for PBIS activities and student recognition activities.

Date(s) scheduled:  
15-16 School year

Names of adult supervisors at activity (chaperones, custodians, etc.):  
NT Administration  
Teresa Shemwell

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

Contessa Orr via email 7/8/15

Principal

SBDM Council (If Council Policy)

Superintendent

Date

Date

Date

Date