Se	СНО	OL ACTIVI	TY FUND				
F	UND	RAISER AP	PROVAL				
School		TCCHS					
Activity Account		BAND		- Van			
External Support/Booster Organization	ļ.						
Name of Fundraiser		Pansies					
Sponsor Date Submitted	ļ	Calvin War	rren III				
Date Submitted		7/22/2015					
Purpose of fundraising activity:	€ N N / R	- 04:11 4b - C	1. 1. 1. O.D.	101	-		
To raise funds for equipment, uniform upkeep,	(VV I	iat will the fu	inds be used for? Be	specific)	1		
10 raise rands for equipment, uniform upweep,	and	other student	needs of the ICCH	5 Dallu.			-
	_				-		
	_				+		
					1		-
Items to be sold:							
Selling Pansy Flowers through local florist							
Beneficiary of fundraising activity:	(Wh	o will receive	e the benefit of the f	unds)			
TCCHS Rebel Band.							
D.(() L.I.I.							
Date(s) scheduled:							_
Aug-15, 2015					=D		_
Names of adult supervisors at activity (chapero	1200 4	ustodions of					
Calvin Warren III, Becky Edwards, Pam Dunn	Jen.	nifer Ovler	.c.):		-		_
Duning Tuning Tuning	, 0011	iller Gyler			-VV-	-	_
					+-+		_
Athletic Fundraiser				Yes	\mathbf{T}	No	
If yes, sport involved BAND		17		163	H	140	-
Corresponding sport participating in fundraise	r?			Yes		No	_
BAND				105	Н	110	-
	/				-		
Coaches Signature (corresponding sport)	/	1				Date	
/					+	Date	-
Circle One: Approved	+	Not Approve	d				
		- Corresponding			Date	Δ	-
					Date		
Principal			100			Date	
7 4							
July Th							
SBDM Council (If Council Policy)						Date	
V							
Superintendent			(Date	

	SCHOO	L ACTIVI	TY FUND				
	FUNDR	AISER AP	PROVAL				
School		TCCHS					
Activity Account		BAND					
External Support/Booster Organizat	tion						
Name of Fundraiser		Nacho Boot					
Sponsor		Calvin Wai	ren III				
Date Submitted		7/22/2015					
Purpose of fundraising activity:	(Wha	t will the fu	inds be used for? Be	e specific)			
To raise funds for equipment, unifor	m upkeep, and ot	her student	needs of the TCCH	IS Band.			
				S.,			
		West State of the					
Items to be sold:							
Selling nachos, water, cotton candy a	and savamal analy	a at Caatha	11 ***				-
Sching hachos, water, cotton candy a	and caramer apple	es at Iootba	ii games.				-
Beneficiary of fundraising activity:	(Who	will receiv	e the benefit of the f	Sunda)			
TCCHS Rebel Band.	(4410	WIII I CCCIV	e the benefit of the f	unus)			-
		2.75					+
							-
		ACSTRONIC CONTRACTOR					+-
Date(s) scheduled:							-
August through Novemeber, 2013	5						+
7 7,07							+
							_
Names of adult supervisors at activit	ty (chaperones, cu	stodians, et	c.):				
Calvin Warren III, Becky Edwards,	Pam Dunn, Jenni	fer Oyler					
Athletic Fundraiser		10000		Yes		No	
If yes, sport involved BAND							+
Corresponding sport participating in	n fundraiser?	1		Yes		No	1
BAND		,					+
							1
Coaches Signature (corresponding s	port)				Date		
3 1 9					Date		+
Circle One: Appr	roved N	ot Approve	d				-
					Date		
flepel - 19-							
Principal					Date		_
0							
SBDM Council (If Council Policy)					Date		
Superintendent					Date	å l	

	SCHO	OL ACTIVIT	TY FUND			
	FUND	RAISER API	PROVAL			
School		TCCHS				
Activity Account		BAND				
External Support/Booster Organization						
Name of Fundraiser		Band Ad Bo	CAST ALGORITHM			
Sponsor		Calvin War	ren III			
Date Submitted		7/22/2015				
D	(T.T.I.					
Purpose of fundraising activity:	(Wh	at will the fu	nds be used for? Be	specific)		
To raise funds for equipment, uniform upkeep	o, and (tner student	needs of the TCCH	S Band.		
Items to be sold:						
AD books to be created with local businesses	nurcha	sing ad snace				
The state of the s	Jul Cha	sing au space				
	_					
Beneficiary of fundraising activity:	(Wh	o will receive	the benefit of the f	unds)		
TCCHS Rebel Band.	(1,0-		the beliefle of the l	unusy		
			3/10 - 77			
	*					
			Some Williams			
Date(s) scheduled:						
Octy 2015						
8						
Names of adult supervisors at activity (chaper	rones, c	ustodians, et	c.):			
Calvin Warren III, Becky Edwards, Pam Dun	ın, Jeni	nifer Oyler				
			WWW.T.C. (60.7%)			
		ļ.,				
Athletic Fundraiser				Yes	N	0
If yes, sport involved BAND						
Corresponding sport participating in fundrais	ser?			Yes	l N	0
BAND						
Coaches Signature (corresponding sport)					Date	
	/					
Circle One: Approved		Not Approve	d			
1					Date	
Jan 19						
Principal					Date	
V	-					
SBDM Council (If Council Policy)					D-4-	
Council (II Council I olicy)					Date	
Superintendent		*			Date	

	SCHO	OL ACTIV	ITY FUND			
		RAISER AI				
2						
School		TCCHS				
Activity Account		BAND				
External Support/Booster Organization						
Name of Fundraiser		Heritage I				
Sponsor		Calvin Wa				
Date Submitted		7/22/2015	5			
Purpose of fundraising activity:	(Wh	at will the f	unds be used for?	Be specific)		
To raise funds for equipment, uniform upkee	ep, and c	ther studen	t needs of the TC	CHS Band.		
			100			
Items to be sold:						
Cotton Candy, Caramel apples, etc.						
cotton candy, caramer apples, etc.						
			15			
Beneficiary of fundraising activity:	(Wh	o will receive	ve the benefit of th	o funds)		
TCCHS Rebel Band.	(4 4 11	WIII TECET	the beliefft of th	ie iulius)		
	-		1/10			
						-
Date(s) scheduled:						
Oct. 2015						
7						
Names of adult supervisors at activity (chape	erones, c	ustodians, e	etc.):			
Calvin Warren III, Becky Edwards, Pam Du	nn, Jeni	nifer Oyler				
Athletic Fundraiser				Yes	No	
If yes, sport involved BAND						
Corresponding sport participating in fundra	iser?			Yes	No	
BAND		1				
		11				
Coaches Signature (corresponding sport)	1	4			Date	
			- 100 March - 1000			
Circle One: Approved	1	Not Approv	ed			
					Date	
terre to						
Principal					Date	
U						
SBDM Council (If Council Policy)					Date	
		-				
Superintendent		1			Date	

Pancakes and other breakfast foods. Beneficiary of fundraising activity: (Who will receive the benefit of the funds) TCCHS Rebel Band. Date(s) scheduled: Octob 2015 Names of adult supervisors at activity (chaperones, custodians, etc.): Calvin Warren III, Becky Edwards, Pam Dunn, Jennifer Oyler Athletic Fundraiser If yes, sport involved BAND Corresponding sport participating in fundraiser? BAND Coaches Signature (corresponding sport) Date Principal Date SBDM Council (If Council Policy) Date		SCHO	OL ACTIVI	TY FUND			
Activity Account External Support/Booster Organization Name of Fundraiser Sponsor Date Submitted 7/22/2015 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. Hiems to be sold: Pancakes and other breakfast foods. Beneficiary of fundraising activity: (Who will receive the benefit of the funds) TCCHS Rebel Band. Date(s) scheduled: Octob 2015 Names of adult supervisors at activity (chaperones, custodians, etc.): Calvin Warren III, Becky Edwards, Pam Dunn, Jennifer Oyler Athletic Fundraiser If yes, sport involved BAND Corresponding sport participating in fundraiser? BAND Coaches Signature (corresponding sport) Date Date SBDM Council (If Council Policy) Date Date		FUND	RAISER AF	PROVAL			
Activity Account External Support/Booster Organization Name of Fundraiser Sponsor Date Submitted 7/22/2015 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. Hiems to be sold: Pancakes and other breakfast foods. Beneficiary of fundraising activity: (Who will receive the benefit of the funds) TCCHS Rebel Band. Date(s) scheduled: Octob 2015 Names of adult supervisors at activity (chaperones, custodians, etc.): Calvin Warren III, Becky Edwards, Pam Dunn, Jennifer Oyler Athletic Fundraiser If yes, sport involved BAND Corresponding sport participating in fundraiser? BAND Coaches Signature (corresponding sport) Date Date SBDM Council (If Council Policy) Date Date							
External Support/Booster Organization Name of Fundraiser Sponsor Calvin Warren III Date Submitted 7/22/2015 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. Hems to be sold: Pancakes and other breakfast foods. Beneficiary of fundraising activity: (Who will receive the benefit of the funds) TCCHS Rebel Band. Date(s) scheduled: Octal 2015 Names of adult supervisors at activity (chaperones, custodians, etc.): Calvin Warren III, Becky Edwards, Pam Dunn, Jennifer Oyler Athletic Fundraiser If yes, sport involved BAND Coaches Signature (corresponding sport) Coaches Signature (corresponding sport) Date Not Approved Date Prinspar Date SBDM Council (If Council Policy) Date			W 1101111				
Name of adult supervisors at activity (chaperones, custodians, etc.): Calvin Warren III. Date(s) scheduled: Oct. 2015 Names of adult supervisors at activity (chaperones, custodians, etc.): Calvin Warren III, Becky Edwards, Pam Dunn, Jennifer Oyler Athletic Fundraiser If yes, sport involved BAND Corresponding sport participating in fundraiser? BAND Coaches Signature (corresponding sport) Date Prinsipal Paneake Beakfast Calvin Warren III Date Paneake Breakfast (What will the funds be used for? Be specific) (What will the funds be used for? B			BAND	5			
Spensor Date Submitted 7/22/2015 Purpose of fundraising activity: To raise funds for equipment, uniform upkeep, and other student needs of the TCCHS Band. Items to be sold: Pancakes and other breakfast foods. Beneficiary of fundraising activity: (Who will receive the benefit of the funds) TCCHS Rebel Band. Date Spendang Sport participating in fundraiser? If yes, sport involve BAND Coaches Signature (corresponding sport) Circle One: Approved Date							
Date Submitted 7/22/2015 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: Pancakes and other breakfast foods. Beneficiary of fundraising activity: (Who will receive the benefit of the funds) TCCHS Rebel Band. Date(s) scheduled: OctQ 2015 Names of adult supervisors at activity (chaperones, custodians, etc.): Calvin Warren III, Becky Edwards, Pam Dunn, Jennifer Oyler Athletic Fundraiser If yes, sport involvec BAND Corresponding sport participating in fundraiser? BAND Conches Signature (corresponding sport) Date Not Approved Date Date Date Date Date Date							
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To raise funds for equipment, uniform upkeep, and other student needs of the TCCHS Band. Items to be sold: Pancakes and other breakfast foods. Beneficiary of fundraising activity: (Who will receive the benefit of the funds) TCCHS Rebel Band. Date(s) scheduled: Oct 20 2015 Names of adult supervisors at activity (chaperones, custodians, etc.): Calvin Warren III, Becky Edwards, Pam Dunn, Jennifer Oyler Athletic Fundraiser If yes, sport involved BAND Corresponding sport participating in fundraiser? BAND Coaches Signature (corresponding sport) Date Date Date Date Date Date	Date Submitted		7/22/2015	69			
To raise funds for equipment, uniform upkeep, and other student needs of the TCCHS Band. Items to be sold: Pancakes and other breakfast foods. Beneficiary of fundraising activity: (Who will receive the benefit of the funds) TCCHS Rebel Band. Date(s) scheduled: Oct 20 2015 Names of adult supervisors at activity (chaperones, custodians, etc.): Calvin Warren III, Becky Edwards, Pam Dunn, Jennifer Oyler Athletic Fundraiser If yes, sport involved BAND Corresponding sport participating in fundraiser? BAND Coaches Signature (corresponding sport) Date Date Date Date Date Date	Durnose of fundraising activity.	(33/1	-4-31141 6				
Items to be sold: Pancakes and other breakfast foods. Beneficiary of fundraising activity: (Who will receive the benefit of the funds) TCCHS Rebel Band. Date(s) scheduled: Oct 2015 Names of adult supervisors at activity (chaperones, custodians, etc.): Calvin Warren III, Becky Edwards, Pam Dunn, Jennifer Oyler Athletic Fundraiser If yes, sport involved BAND Corresponding sport participating in fundraiser? BAND Coaches Signature (corresponding sport) Date Principal Date SBDM Council (If Council Policy) Date		inkeen and	other studen	t needs of the TCC	Be specific)	1	
Pancakes and other breakfast foods. Beneficiary of fundraising activity: (Who will receive the benefit of the funds) TCCHS Rebel Band. Date(s) scheduled: Octob 2015 Names of adult supervisors at activity (chaperones, custodians, etc.): Calvin Warren III, Becky Edwards, Pam Dunn, Jennifer Oyler Athletic Fundraiser If yes, sport involved BAND Corresponding sport participating in fundraiser? BAND Coaches Signature (corresponding sport) Date Principal Date SBDM Council (If Council Policy) Date	10 table funds for equipment, uniform t	ipicep, and	other studen	t needs of the TCC	ns ballu.		
Pancakes and other breakfast foods. Beneficiary of fundraising activity: (Who will receive the benefit of the funds) TCCHS Rebel Band. Date(s) scheduled: Octob 2015 Names of adult supervisors at activity (chaperones, custodians, etc.): Calvin Warren III, Becky Edwards, Pam Dunn, Jennifer Oyler Athletic Fundraiser If yes, sport involved BAND Corresponding sport participating in fundraiser? BAND Coaches Signature (corresponding sport) Date Principal Date SBDM Council (If Council Policy) Date							
Pancakes and other breakfast foods. Beneficiary of fundraising activity: (Who will receive the benefit of the funds) TCCHS Rebel Band. Date(s) scheduled: Octob 2015 Names of adult supervisors at activity (chaperones, custodians, etc.): Calvin Warren III, Becky Edwards, Pam Dunn, Jennifer Oyler Athletic Fundraiser If yes, sport involved BAND Corresponding sport participating in fundraiser? BAND Coaches Signature (corresponding sport) Date Principal Date SBDM Council (If Council Policy) Date							
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Date(s) scheduled: Octob 2015 Names of adult supervisors at activity (chaperones, custodians, etc.): Calvin Warren III, Becky Edwards, Pam Dunn, Jennifer Oyler Athletic Fundraiser If yes, sport involvec BAND Corresponding sport participating in fundraiser? BAND Coaches Signature (corresponding sport) Date Principal SBDM Council (If Council Policy) Date	Pancakes and other breakfast foods.		_				
Date(s) scheduled: Octob 2015 Names of adult supervisors at activity (chaperones, custodians, etc.): Calvin Warren III, Becky Edwards, Pam Dunn, Jennifer Oyler Athletic Fundraiser If yes, sport involvec BAND Corresponding sport participating in fundraiser? BAND Coaches Signature (corresponding sport) Date Principal SBDM Council (If Council Policy) Date							
Date(s) scheduled: Octob 2015 Names of adult supervisors at activity (chaperones, custodians, etc.): Calvin Warren III, Becky Edwards, Pam Dunn, Jennifer Oyler Athletic Fundraiser If yes, sport involvec BAND Corresponding sport participating in fundraiser? BAND Coaches Signature (corresponding sport) Date Principal SBDM Council (If Council Policy) Date							
Date(s) scheduled: Octob 2015 Names of adult supervisors at activity (chaperones, custodians, etc.): Calvin Warren III, Becky Edwards, Pam Dunn, Jennifer Oyler Athletic Fundraiser If yes, sport involvec BAND Corresponding sport participating in fundraiser? BAND Coaches Signature (corresponding sport) Circle One: Approved Not Approved Date Principal Date SBDM Council (If Council Policy) Date	Beneficiary of fundraising activity:	(WI	no will receiv	e the benefit of the	e funds)		
Names of adult supervisors at activity (chaperones, custodians, etc.): Calvin Warren III, Becky Edwards, Pam Dunn, Jennifer Oyler Athletic Fundraiser If yes, sport involvec BAND Corresponding sport participating in fundraiser? BAND Coaches Signature (corresponding sport) Date Circle One: Approved Not Approved Date SBDM Council (If Council Policy) Date	TCCHS Rebel Band.						
Names of adult supervisors at activity (chaperones, custodians, etc.): Calvin Warren III, Becky Edwards, Pam Dunn, Jennifer Oyler Athletic Fundraiser If yes, sport involvec BAND Corresponding sport participating in fundraiser? BAND Coaches Signature (corresponding sport) Date Circle One: Approved Not Approved Date SBDM Council (If Council Policy) Date							
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Names of adult supervisors at activity (chaperones, custodians, etc.): Calvin Warren III, Becky Edwards, Pam Dunn, Jennifer Oyler Athletic Fundraiser If yes, sport involved BAND Corresponding sport participating in fundraiser? Pand No Date Circle One: Approved Not Approved Date SBDM Council (If Council Policy) Date							
Calvin Warren III, Becky Edwards, Pam Dunn, Jennifer Oyler Athletic Fundraiser If yes, sport involved BAND Corresponding sport participating in fundraiser? Yes No BAND Coaches Signature (corresponding sport) Date Circle One: Approved Not Approved Principal Date SBDM Council (If Council Policy) Date	3013						
Calvin Warren III, Becky Edwards, Pam Dunn, Jennifer Oyler Athletic Fundraiser If yes, sport involved BAND Corresponding sport participating in fundraiser? Yes No BAND Coaches Signature (corresponding sport) Date Circle One: Approved Not Approved Principal Date SBDM Council (If Council Policy) Date							
Calvin Warren III, Becky Edwards, Pam Dunn, Jennifer Oyler Athletic Fundraiser If yes, sport involved BAND Corresponding sport participating in fundraiser? Yes No BAND Coaches Signature (corresponding sport) Date Circle One: Approved Not Approved Principal Date SBDM Council (If Council Policy) Date	Names of adult supervisors at activity (chanerones (custodians e	tc)			
Athletic Fundraiser If yes, sport involved BAND Corresponding sport participating in fundraiser? BAND Coaches Signature (corresponding sport) Date Circle One: Approved Not Approved Date Principal Date SBDM Council (If Council Policy) Date	Calvin Warren III, Becky Edwards, Par	m Dunn, Jen	nifer Ovler				-
If yes, sport involved BAND Corresponding sport participating in fundraiser? BAND Coaches Signature (corresponding sport) Circle One: Approved Not Approved Date Principal Date SBDM Council (If Council Policy) Date							
If yes, sport involved BAND Corresponding sport participating in fundraiser? BAND Coaches Signature (corresponding sport) Circle One: Approved Not Approved Date Principal Date SBDM Council (If Council Policy) Date							
If yes, sport involved BAND Corresponding sport participating in fundraiser? BAND Coaches Signature (corresponding sport) Circle One: Approved Not Approved Date Principal Date SBDM Council (If Council Policy) Date							
If yes, sport involved BAND Corresponding sport participating in fundraiser? BAND Coaches Signature (corresponding sport) Circle One: Approved Not Approved Date Principal Date SBDM Council (If Council Policy) Date							
If yes, sport involved BAND Corresponding sport participating in fundraiser? BAND Coaches Signature (corresponding sport) Circle One: Approved Not Approved Principal Date SBDM Council (If Council Policy) Date	Athletic Fundraiser				Yes	No	
Coaches Signature (corresponding sport) Date Circle One: Approved Not Approved Principal Date SBDM Council (If Council Policy) Date							
Coaches Signature (corresponding sport) Date Circle One: Approved Not Approved Date Principal Date SBDM Council (If Council Policy) Date	Corresponding sport participating in fu	ndraiser?	1		Yes	No	
Circle One: Approved Not Approved Date Principal Date SBDM Council (If Council Policy) Date	BAND						
Circle One: Approved Not Approved Date Principal Date SBDM Council (If Council Policy) Date		1					
Principal Date SBDM Council (If Council Policy) Date	Coaches Signature (corresponding spor	t) /				Date	
Principal Date SBDM Council (If Council Policy) Date		11					
Principal Date SBDM Council (If Council Policy) Date	Circle One: Approve	d /	Not Approv	ed			
Principal Date SBDM Council (If Council Policy) Date						Date	
SBDM Council (If Council Policy) Date							
	Principal /					Date	
	SPDM Council (If Council Delian)						
Superintendent Date	SDDWI Council (II Council Policy)					Date	
Superintendent							
Para Cara Cara Cara Cara Cara Cara Cara	Superintendent					Date	

	SCHOOL ACTIVITY FUND		
	FUNDRAISER APPROVAL		
School	TCCHS		
Activity Account	BAND		
External Support/Booster Organization			
Name of Fundraiser	Harvest Fest		
Sponsor	Calvin Warren III		
Date Submitted	7/22/2015		
Purpose of fundraising activity:	(What will the funds be used for?	Pe specific)	
10 raise lunds for equipment, uniform	upkeep, and other student needs of the TC	CHS Band.	
Items to be sold:			
Cotton Candy, caramel apples, popcori	m oto		
Cotton Candy, caramer apples, popcori	ii, etc		
Beneficiary of fundraising activity:	(Who will receive the benefit of t	ha formala)	
TCCHS Rebel Band.	(who will receive the benefit of the	ne runas)	
Toolio Robei Build.			
Date(s) scheduled:			
Oct. \$0/5			
7			
Names of adult supervisors at activity ((chaperones, custodians, etc.):		
Calvin Warren III, Becky Edwards, Pa	m Dunn, Jennifer Oyler		
Athletic Fundraiser		Yes	No
If yes, sport involved BAND		1 63	110
Corresponding sport participating in fi	undraiser?	Yes	No
BAND		103	110
Coaches Signature (corresponding spo	rf)		Date
couches Signature (corresponding spo			Date
Circle One: Approv	ed Not Approved		
Approv	tu Not Approved	1	Date
Geruit to-]	vace
Principal			Date
			Date
V			
SBDM Council (If Council Policy)			Date
			2444
Superintendent			Date

School	TCCHS	
Activity Account	BOY'S BASKETBALL	
External Support/Booster Organization		
Name of Fundraiser	CHILI SUPPER	
Sponsor	BOY'S BASKETBALL	
Date Submitted	8/3/2015	
Purpose of fundraising activity: TO RAISE FUNDS FOR BOY'S BASKET! TRAVEL, TEAM SUMMER CAMPS ETC	BALL PROGRAM TO BE USED FO	OR EQUIPMENT, MEALS, SNACKS, APPARE
Items to be sold: CHILI, SOUP, SOFT DRINKS, WATER, F	ETC	
Beneficiary of fundraising activity: TCCHS BOY'S BASKETBALL TEAM		
Date(s) scheduled: 9/4/2015 Home Football game vs. Hart Cou	inty	
Names of adult supervisors at activity (chap Head Coach: Chris Sullivan	erones, custodians, etc.):	
Assistant Coaches: Eric Davie, Seth McRey	nolds & Dobbio Weathers	
Parent Sponsors	noids, & Robbie Weathers	
were openiors		
		<u> </u>
Athletic Fundraiser		Yes X No
If yes, sport involved BOY'S BASKETBA	ALI	
Corresponding sport participating in fundra	ilser?	Yes X No
		0.01=
	1	8-3-15
Coaches Signature (corresponding sport)		Date
Circle One: Approved	Not Approved	
Just Di		Date
Principal		Date
()		Date
SBDM Council (If Council Policy)		Date
50 27 059		
		<u> </u>
Superintendent (If School-Wide Fundraiser)	Date

School	TCCHS	
Activity Account	BOY'S BASKETBALL	
External Support/Booster Organization	,	
Name of Fundraiser	1st Annual Car Wash	
Sponsor	BOY'S BASKETBALL	
Date Submitted	8/3/2015	
Purpose of fundraising activity: TO RAISE FUNDS FOR BOY'S BASKETE TRAVEL, TEAM SUMMER CAMPS, ETC	BALL TO BE USED FOR EQUIPM	ENT, MEALS, SNACKS, APPARE
Items to be sold: Food, Drinks, Snacks, Donations will be acce	epted	-
Beneficiary of fundraising activity: TCCHS BOY'S BASKETBALL TEAM	,	
	THE PROPERTY OF THE PROPERTY O	
Date(s) scheduled: Oct \$20.15		
Names of adult supervisors at activity (chape Head Coach: Chris Sullivan	10 - 100 - 1	
Assistant Coaches: Eric Davie, Seth McReyn	olds, & Robbie Weathers	
Parents	37-27-07-07-07-07-07-07-07-07-07-07-07-07-07	
1 -113-44-41		
Athletic Fundraiser If yes, sport involved BOY'S BASKETBA	.LI	Yes X No
Corresponding sport participating in fundral		Yes X No
Ces		8-3-15
Coaches Signature (corresponding sport)		Date
Circle One: Approved	Not Approved	Date
topped ter		
Principal		Date
SBDM Council (If Council Policy)		Date
Superintendent (If School-Wide Fundraiser)		Date

School	TCCHS		
Activity Account	BOY'S BASKETBALL		
External Support/Booster Organization			
Name of Fundraiser	BASKETBALL CAMP		
Sponsor	BOY'S BASKETBALL		
Date Submitted	8/3/2015		
Purpose of fundraising activity: TO RAISE FUNDS FOR BOY'S BASKETBA TRAVEL, GAMES, ETC.	ALL TO BE USED FOR EQUIPME	NT, MEALS,	SNACKS, CLOTHI
Items to be sold: N/A			
Beneficiary of fundraising activity: TCCHS BOY'S BASKETBALL			8.
Date(s) scheduled: June 20/6		,	н
Names of adult supervisors at activity (chaper Head Coach: Chris Sullivan Assistant Coaches: Eric Davie, Seth McReyno			
Athletic Fundraiser		Yes	X No
If yes, sport involved BOY'S BASKETBAI			
Corresponding sport participating in fundrais	er?	Yes	X No
			8-3-15
Coaches Signature (corresponding sport)			Date
Circle One: Approved	Not Approved		Date
Principal			Date
SBDM Council (If Council Policy)		>	Date
Superintendent (If School-Wide Fundraiser)			Date

	TCCHS			
Activity Account	BOY'S BASKETBALL			
External Support/Booster Organization			S	
Name of Fundraiser	LETTER/DONATION CAMPAIGN			
Sponsor	BOY'S BASKETBALL			
Date Submitted	8/3/2015			
Purpose of fundraising activity: TO RAISE FUNDS FOR BOY'S BASKETBAI TRAVEL, TEAM SUMMER CAMPS, ETC.	LL TO BE USED FOR EQUIPMENT	, MEALS	, SNACK	(S, APPARE
Items to be sold: DONATIONS WILL BE ACCEPTED				
Beneficiary of fundraising activity: TCCHS BOY'S BASKETBALL TEAM				-
Date(s) scheduled: FALL 2015				
Names of adult supervisors at activity (chaperor Head Coach: Chris Sullivan Assistant Coaches: Eric Davie, Seth McReynold Kevin Harris	50 U.S. No. 1 CONTROL			
2.44 (1.14 (2				
Athletic Fundraiser		Yes	X	No
If yes, sport involved BOY'S BASKETBALI			10000	100
Corresponding sport participating in fundraiser		Yes	X	No 🔲
			~~	
			8-	3-15
Coaches Signature (corresponding sport)			Da	te
Circle One: Approved	Not Approved			
July To P.			Date	
Principal			Da	to.
()			Da	ie
SBDM Council (If Council Policy)			Da	te
2				
Superintendent (If School-Wide Fundraiser)			Da	te

	TCCHS			
Activity Account	BOY'S BASKETBALL			
External Support/Booster Organization				
Name of Fundraiser	Banners			
Sponsor	BOY'S BASKETBALL			
Date Submitted	8/3/2015			
Purpose of fundraising activity: TO RAISE FUNDS FOR BOY'S BASKETBA TRAVEL, TEAM SUMMER CAMPS, ETC.	LL TO BE USED FOR EQUIPME	NT, MEAL	S, SNAC	CKS, APPAR
Items to be sold: Vinyl banners and Programs for businesses and	d parents who support Todd Count	y Basketbal	[]	
Beneficiary of fundraising activity: TCCHS BOY'S BASKETBALL TEAM				
Date(s) scheduled: Sept. 2015		3 24		
Names of adult supervisors at activity (chapero Head Coach: Chris Sullivan Assistant Coaches: Eric Davie, Seth McReynold Parents				
		-		
Athletic Fundraiser		Yes	X	No
If yes, sport involved BOY'S BASKETBALI			\(\frac{1}{3}\)	<u>, </u>
Corresponding sport participating in fundraise	ar:	Yes	X	No L
	•		ጽ.	-3-15
College College		_		
Coaches Signature (corresponding sport)			Da	ate
Circle One: Approved	Not Approved		Date	
Principal			Da	nte
SBDM Council (If Council Policy)		_	Da	nte
Superintendent (If School-Wide Fundraiser)			Da	ıte

School	TCCHS			
Activity Account	TCCHS Cheerleaders			
External Support/Booster Organization	School-wide			
Name of Fundraiser	Spirit temporary tattoos			
Sponsor	Tina Marshall	eleckileleles dell'estima	Vaetako hispoortalista kalishamis	and the state of t
Date Submitted	8/3/15		•	
Purpose of fundraising activity: sale of temporary tattoos at the games will go to	(What will the funds be used for? Be specifion the account of TCCHS cheerleading	c)		
Items to be sold: temporary tattoos				
Beneficiary of fundraising activity:	(Who will receive the benefit of the funds)			
Date(s) scheduled: beginning of football home games Names of adult supervisors at activity (chapero Tina Marshall	ones, custodians, etc.):			
Athletic Fundraiser If yes, sport involved: Corresponding sport participating in fundraise	er?	Yes Yes		No
Coaches Signature (corresponding sport)			Dat	te
Circle One: Approved Principal	Not Approved		Date Dat	te
SBDM Council (If Council Policy)			Dat	te
Superintendent			Dat	te

School	Todd County Central High School	
Activity Account	Family & Consumer Science Department	
External Support/Booster Organization	No external supporting organization	
Name of Fundraiser	Bottled Water Sales	
Sponsor	Family & Consumer Sciences Department #06	
Date Submitted	August 3, 2015	

Purpose of fundraising activity:

(What will the funds be used for? Be specific)

- To generate funds to be used to finance activities for the FACS Department.
- To generate funds to be used to finance activities for the TCCHS FCCLA Chapter

Items to be sold:

- Vendor: Save-A-Lot, Food Giant, SAMS Club OR Coca Cola Company depending on price per unit/case; Vendors
 may vary if item can be purchased on sale or at a lower price throughout the school year;
- Selling: Bottle Water; Bottled water will be sold through the FACS Department to students in the FACS classes; This is not intended to be a school wide sale of bottled water, just in the FACS Department;

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

Students serviced by the FACS Department; Funds accrued from selling this item will be used to maintain
equipment (examples: repair the infant Baby Think It Over simulators (\$150 to \$200 each when needed); ID bracelets
for the infant simulators student activity; Items for the BTIO infant simulator activity such as infant clothing, infant
carriers, diaper bags, lost chargers for the BTIO simulators; replace small kitchen items such as aprons, towels, and
measuring equipment, sewing machine bobbins, sewing pins, supplement products for labs and other
miscellaneous items such as food preparation needs utilized in FACS food classes;

Dates Scheduled:

August 2015 to May 2016

Name(s) of adult supervisors:

Cynthia Dickinson, FACS Department Head; FCCLA Club Advisor;

Athletic Fundraiser If yes, sport involved:	Yes	No	V
Corresponding sport participating in fundraiser?	Yes	No	V
Coach's signature (corresponding sport)	Date:		
Principal's signature		ite	
SBDM Council (If Council Policy)	Da		
Superintendent	Da	ite	

Todd Central			
FFA		W. T. C.	
Barn Quilt Square			
Julie Gilliam/Brooke White		The second secon	
7/31/2015			

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nating all materials to get the project st	arted th	is fall.	
			учения по принципального принце п
	MANAGE TO SERVICE A SERVIC		
(Who will receive the benefit of the fun at TCCHS	ds)		
	<u> </u>	*	
nes, custodians, etc.):			

r?	Yes Yes		No x
		Dat	e
Not America 3			
Not Approved		Date	
		Dat	e
		Dat	e
	Barn Quilt Square Julie Gilliam/Brooke White 7/31/2015 (What will the funds be used for? Be sp Alliance the agriculture shop would like the project st (Who will receive the benefit of the fundat TCCHS mes, custodians, etc.):	Barn Quilt Square Julie Gilliam/Brooke White 7/31/2015 (What will the funds be used for? Be specific) Alliance the agriculture shop would like to take the project started the project started the s	Barn Quilt Square Julie Gilliam/Brooke White 7/31/2015 (What will the funds be used for? Be specific) Alliance the agriculture shop would like to take orders a mating all materials to get the project started this fall. (Who will receive the benefit of the funds) at TCCHS Tes, custodians, etc.): Yes Yes Date Not Approved

Date

Superintendent

Todd Central
FFA
FFA clothing sales
Julie Gilliam/Brooke White
7/31/2015
(What will the funds be used for? Be specific)
rict have requested to purchase our Tshirts. Money raised would go into the
nhance the materials and experiences of the Todd Central Agriculture stude

Name and the second		
	CU-CHOOCAGUAYA MARAAA	
e funds)		
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Yes		No x
Yes		No x
-	Dat	te
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	Date	
TOTAL STATE OF THE	Dat	te
	Dat	te
		Yes

Date

Superintendent

School	Todd Central			
Activity Account	FFA			
External Support/Booster Organization				
Name of Fundraiser	Fruit Sales			
Sponsor	Julie Gilliam/Brooke White			
Date Submitted	7/31/2015			
Purpose of fundraising activity: FFA main fundraiser. We use fur	(What will the funds be used for: ads to purchase needs for the FFA st		ation.	
Items to be sold: Boxes of Fruit, Country Hams, and Peanuts				
Beneficiary of fundraising activity: All student enrolled in the agriculture progra	(Who will receive the benefit of t m at TCCHS	he funds)		
Date(s) scheduled: October 12-November 23, 2015 Names of adult supervisors at activity (chaper Julie Gilliam/Brooke White	rones, custodians, etc.):			
Athletic Fundraiser		Yes		No x
If yes, sport involved:				
Corresponding sport participating in fundrai	ser?	Yes		No x
Coaches Signature (corresponding sport)		WOODERS COM	Date	ę
Circle One: Approved	Not Approved	MATERIAL PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS	Date	
Principal			Date	
SBDM Council (If Council Policy)		_	Date	e

Date

Superintendent

School	Todd County Central High School	constantion (Addition		
Activity Account	Girl's Basketball		.	
External Support/Booster Organization	Girl's Basketball Boosters	<u>Compressional de la compression della compressi</u>		######################################
Name of Fundraiser	Banners	getpentett et nivert er trest en tilet.	######################################	
Sponsor	Steven McGhee			
Date Submitted	8/3/15	y-100 Marine 100 Marine		
Purpose of fundraising activity: These funds are to be used to help purchase tra	(What will the funds be used for? Be spec vel suits, shoes, and t-shirts for the team.	ific)		
Items to be sold: Banners to business and ads in the basketball p	rogram.			anni in
Beneficiary of fundraising activity: Girl's Basketball	(Who will receive the benefit of the funds))		
Date(s) scheduled: September (whole month)				
Names of adult supervisors at activity (chapero Steven McGhee	nes, custodians, etc.):			
Holly Simons				
Andrea Milkowski				
				100 C.
				
Athletic Fundraiser		Yes	X	No
If yes, sport involved: Girl's Basketball			,	***************************************
Corresponding sport participating in fundraise	r?	Yes		No ·
Boy's Basketball			<i>a</i> /	3/15
			<u> </u>	
Coaches Signature (corresponding sport)	Steven McGhee		Da	te
Circle One: Approved	Not Approved	pc7////Calestones	Date	
Principal			Da	te
SBDM Council (If Council Policy)			Da	te
Superintendent			Da	te

School	Todd Central		West Commonweal Common	
Activity Account	Greenhouse		pamanamananifikaningkan	*Donnakoukrokenhokelinin Khimissa oran mazza na monte oranga pa
External Support/Booster Organization				
Name of Fundraiser	Plant Sales		The second secon	Transition of the state of the
Sponsor	Julie Gilliam/Brooke Whi	te	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	·
Date Submitted	7/31/2015	was a second of the second of		Massautanas, massauta, as, massauta, as a total
Purpose of fundraising activity:	(What will the funds be used fo	r? Be specific)		
Pending repair of the greenhouse: Sell vario				
a lot of funds. This fundraiser will help teac	h agriculture students business prin	iciples such as m	ıarketing	, finance,
and customer service				A STATE OF THE STA
Items to be sold: Plants and Veggies				
Beneficiary of fundraising activity: All student enrolled in the agriculture progr	(Who will receive the benefit of am at TCCHS	f the funds)		
Date(s) scheduled: August 20,45 - 30-May, 2016 Names of adult supervisors at activity (chap)	ovonos austodions stali-			
Names of adult supervisors at activity (chape Julie Gilliam/Brooke White	erones, custouizhs, etc.):		Biologica and a second	
Athletic Fundraiser		Yes		No x
If yes, sport involved:		1 65	L	
Corresponding sport participating in fundra	niser?	Yes		No x
Coaches Signature (corresponding sport)			Da	te
Circle One: Approved	Not Approved	E-MANUFACTURE AND ADDRESS OF THE ADD	Date	
Principal	нивыштопысанов-крастрания кактарында продагансирында настаналардаган жа	nuit statement in the Company of the	Da	te
SBDM Council (If Council Policy)			Da	te
Superintendent			Da	te

School	Todd Central		
Activity Account	Softball		
External Support/Booster Organization			
Name of Fundraiser	Middle School Softball Tournament		
Sponsor	Leigh Ellen Bristow		
Date Submitted	7/8/15		
Purpose of fundraising activity: To raise money to purchase equipment for Todd	(What will the funds be used for? Be specific) Central Softball		
Items to be sold: Entry Fees			
Beneficiary of fundraising activity: 2016 Lady Rebel Softball Team	(Who will receive the benefit of the funds)		
Date(s) scheduled: 29-Aug-15 Names of adult supervisors at activity (chaperon	nes, custodians, etc.):		
Craig Bristow			
Leigh Ellen Bristow			
Athletic Fundraiser		Yes x	No
If yes, sport involved: Softball			5470%
Corresponding sport participating in fundraises	r?	Yes	No X
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May Crept to war on			
Coaches Signature (corresponding sport)		Dat	te
About 197	MARK 10 19 10 10 10 10 10 10 10 10 10 10 10 10 10		
Circle One: Approved	Not Approved	7	
Contract of		Date	
Principal P		Do	to.
Principal		Dat	ie
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SBDM Council (If Council Policy)		Dat	te
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Superintendent		Dat	te

School	TCCHS				
Activity Account	Softball				
External Support/Booster Organization					
Name of Fundraiser	Signs				
Sponsor	Bristow				
Date Submitted	7/31/15				
Purpose of fundraising activity: Funds from the softball sign sales are used for supp	(What will the funds be used for? Be specifi plies and equipment for the softball team.	c)			
Items to be sold: Signs to go on the fence at the softball field					
Beneficiary of fundraising activity: TCCHS Softball	(Who will receive the benefit of the funds)				
Date(s) scheduled: September, 2015 Names of adult supervisors at activity (chaperones, L. Bristow	, custodians, etc.):				
Athletia Fundacios		Yes		No	v
Athletic Fundraiser If yes, sport involved:		res		No	Λ
Corresponding sport participating in fundraiser?		Yes		No	х
Coaches Signature (corresponding sport)			Date		
Circle One: Approved Principal	Not Approved		Date Date		
U					
SBDM Council (If Council Policy)			Date		
Superintendent			Date		

School	TCCHS		
Activity Account	Softball		
External Support/Booster Organization			
Name of Fundraiser	T Shirts/Apparel		
Sponsor	Bristow		
Date Submitted	7/31/15		
Purpose of fundraising activity: Funds from T-Shirts/Apparel are used for supp	(What will the funds be used for? I lies and equipment for the softball team		
Items to be sold: Todd County T shirts/Apparel or Todd County	Central Softball T-Shirts/Apparel		
, n n	•		
Beneficiary of fundraising activity: TCCHS Softball	(Who will receive the benefit of the	funds)	
Date(s) scheduled: September/October 2015 February/March 2016 Names of adult supervisors at activity (chapero L. Bristow	nes, custodians, etc.):		
Athletic Fundraiser If yes, sport involved: Corresponding sport participating in fundraise	er?	Yes	No x
Coaches Signature (corresponding sport)			Date
Circle One: Approved	Not Approved	Da	te
Principal			Date
SBDM Council (If Council Policy)			Date
Superintendent			Date

School	TCCHS		
Activity Account	Softball		
External Support/Booster Organization			
Name of Fundraiser	Little Debbie Sales		
Sponsor	Bristow		
Date Submitted	7/31/15		
Purpose of fundraising activity: Funds from the softball Little Debbie Sales are	(What will the funds be used for? used for supplies and equipment for th		
Items to be sold: Little Debbies cakes/snacks			
Beneficiary of fundraising activity: TCCHS Softball	(Who will receive the benefit of th	ne funds)	
Date(s) scheduled: September/October 2015			
Names of adult supervisors at activity (chapero L. Bristow	nes, custodians, etc.):		
Athletic Fundraiser		Yes	No x
If yes, sport involved:			
Corresponding sport participating in fundraise		Yes	No x
Coaches Signature (corresponding sport)			Date
Circle One: Approved	Not Approved	Dat	
Principal			Date
SBDM Council (If Council Policy)			Date
Superintendent			Date

				100
School	TCCHS			
Activity Account	Softball			
External Support/Booster Organization				
Name of Fundraiser	Lady Rebel Softball Tourna	ment		
Sponsor	Bristow			
Date Submitted	7/31/15			
Purpose of fundraising activity: Funds from the Lady Rebel Softball tourname	(What will the funds be used for? nt tournament are used for supplies and		e softball te	eam.
Items to be sold: Concessions/Gate Tickets				
Beneficiary of fundraising activity: TCCHS Softball	(Who will receive the benefit of th	ne funds)		
Names of adult supervisors at activity (chaper L. Bristow	ones, custodians, etc.):			
A/LIAN Davidson		Voc		No. v
Athletic Fundraiser If yes, sport involved:		Yes		No x
Coaches Signature (corresponding sport)		Yes	Date	No x
Coaches Signature (corresponding sport)			Date	
Circle One: Approved	Not Approved		Date	
Principal		25	Date	
SBDM Council (If Council Policy)			Date	
Superintendent			Date	

School	TCCHS				
Activity Account	Student Council				
External Support/Booster Organization					
Name of Fundraiser	Snow Ball			2Aurra	
Sponsor	Leigh Ellen Bristow				
Date Submitted	7/31/15				
Purpose of fundraising activity: Funds from the Snow Ball are used for any stu- Snow ball helps fund homecoming and angel to			inning of th	e nex	t.
Items to be sold: Tickets for the Snow Ball dance.					
Beneficiary of fundraising activity: Student Council/ Students of TCCHS	(Who will receive the benefit of the fun	nds)			
Date(s) scheduled: Feb. 20/6 Names of adult supervisors at activity (chapered Jennifer Pope, Matt Baker, Leigh Ellen Briston					
Athletic Fundraiser If yes, sport involved: Corresponding sport participating in fundrais	er?	Yes Yes		No No	x
Coaches Signature (corresponding sport)			Date		
Circle One: Approved Principal SBDM Council (If Council Policy)	Not Approved	×	Date Date		
Superintendent		-	Date		