

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Middle School
Activity Account	Dance
External Support/Booster Organization	
Name of Fundraiser	Concessions
Sponsor	Katherine Power
Date Submitted	8/18/2015

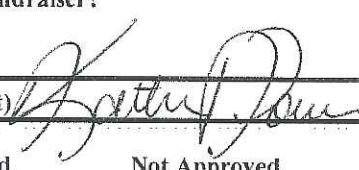
Purpose of fundraising activity: (What will the funds be used for? Be specific)
This money will be used to cover uniform fees and competition expenses.

Items to be sold:
Drinks, hotdogs, chips, assorted candy, sandwiches

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
All middle school dance team members.

Date(s) scheduled:
8/20, 9/10, 9/15, and 9/14.

Names of adult supervisors at activity (chaperones, custodians, etc.):
Katherine Power, April Griffin, Debbie Shemwell, Crystal Watts, Angela Drummond

Athletic Fundraiser	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involved: Dance		
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 8/20/15
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCMS
Activity Account	Library
External Support/Booster Organization	
Name of Fundraiser	Fall Book fair
Sponsor	Lisa Petrie
Date Submitted	8/21/2015

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

Scholastic book fair helps to obtain free books for the library.

Items to be sold:

Books

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

Library

Date(s) scheduled:

October 19-23, 2015

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

Lisa Petrie

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

8/25/15
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCMS
Activity Account	LIBRARY
External Support/Booster Organization	
Name of Fundraiser	Scholastic Books
Sponsor	Lisa Petrie
Date Submitted	21-Aug-15

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 Students will order books for personal use and the school receives points to earn books.

Items to be sold:
 Books

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 library and reading class libraries

Date(s) scheduled:
 Orders until September 15

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

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"/>
Lis		
Coaches Signature (corresponding sport)	Date	

Circle One: Approved Not Approved

Principal  _____ Date 8/15/15

SBDM Council (If Council Policy) _____ Date _____

Superintendent _____ Date _____

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCMS
Activity Account	LIBRARY
External Support/Booster Organization	
Name of Fundraiser	Scholastic Books
Sponsor	Lisa Petrie
Date Submitted	21-Aug-15

Purpose of fundraising activity: (What will the funds be used for? Be specific)
Students will order books for personal use and the school receives points to earn books.

Items to be sold:

Books

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
library and reading class libraries

Date(s) scheduled:

Orders until 15-Oct

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

Lisa Petrie

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

Date

Principal

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County <i>Middle</i> School
Activity Account	Youth Services Center <i>C Board</i>
External Support/Booster Organization	
Name of Fundraiser	Christmas Angel Program
Sponsor	Kelli Templeman
Date Submitted	8/10/2015

Purpose of fundraising activity:

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

To raise funds for Christmas Angel Program for angel families in 2015. The Youth Services Center Coordinator is requesting to have a staff jean week on September 28-October 2 and again on November 16-25, 2015. The YSC is also requesting to have additional staff jean days in the fall semester as necessary and approved by administration. If paid by September 28, staff can pay \$10 for all jean weeks. If not paid by September 28th staff will pay \$1/day \$5/week

Items to be sold:

Donations will be accepted, especially other than listed above.

Beneficiary of fundraising activity:

(Who will receive the benefit of the funds)

Youth Services Center to use funds for Christmas Angel program purchases for students and families as needed.

Date(s) scheduled:

September 28-October 2, 2015 and November 16-25, 2015 or other dates necessary and approved by administration for the angel tree program

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

Kelli Templeman and Ashley Thomas for finance

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"/>
Kelli Templeman	8/10/2015	
Coaches Signature (corresponding sport)	Date	

Circle One:

Approved

Not Approved

[Signature]
Principal

Date

8/25/15

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County <u>Middle</u> School
Activity Account	Youth Services Center High School Account
External Support/Booster Organization	
Name of Fundraiser	Salvavidas Training Agency
Sponsor	Kelli Templeman/Maurice Weatherspoon
Date Submitted	8/12/2015

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 To teach/certify all students taking P.E./Health in CPR and first aid by the American Heart Association training guidelines. Salvavidas Training Agency will train all students during their class for one day.

Items to be sold:
 Donations will be accepted

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 Salvavidas Training Agency/Maurice Weatherspoon

Date(s) scheduled:
 Wednesday November 18th, 2015

Names of adult supervisors at activity (chaperones, custodians, etc.):
 Maurice Weatherspoon, Seth McReynolds

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"/>
Kelli Templeman	##	
Coaches Signature (corresponding sport)	Date	

Circle One: Approved Not Approved

Principal  Date 8/25/15

SBDM Council (If Council Policy) Date

Superintendent Date