

	SCHOOL ACTIVITY FUND			
	FUNDRAISER APPROVAL			
School	Todd Country Central High School			
Activity Account	Dance Team			
External Support/Booster Organization				_
Name of Fundraiser	Dance Class			_
Sponsor	Katherine Power			
Date Submitted	9/24/15			
Purpose of fundraising activity:	(What will the funds be used for? Be specific)			
accessories.	tire throughout the season. New shoes and uniform, pr	actice clo	othes, warm-u	ps al
accessories.				
Items to be sold:				COTT
	nentary-middle school age dancers who want an oppor			
	e a t-shirt, learn a dance, and get the chance to perform	. V	Ve are asking S	\$20 F
participant.				
Beneficiary of fundraising activity: All dancers	(Who will receive the benefit of the funds)			A CAPTURE CONTRACTOR
All dancers				
				-
Date(s) scheduled:				
Jan Mar. 2016				
THE SOLO				
		1		1
Names of adult supervisors at activity (chape Katherine Power	erones, custodians, etc.):	i i		
Becky Barrow				-
				+-
			+	- -
Athletic Fundraiser		Yes	No	X
If yes, sport involved:		I CS		112
Corresponding sport participating in fundra	iser?	Yes	T No	X
Coaches Signature (corresponding sport)			Date	
Circle One: Approved	Not Approved		Notes	
O CLARA DO			oli 115	
Principal			Date	_
			Date	
SBDM Council (If Council Policy)			Date	

	SCHOO	OL ACTIVIT	FY FUND				
	FUNDI	RAISER AP	PROVAL				
School	Todd	Country Co	ntral High Schoo				-
Activity Account		e Team	ntrai High Schoo)1			-
External Support/Booster Organization	Dance	e realli					-
Name of Fundraiser	Dance	e Camp/ Wo	rkehon		-		+
Sponsor		Katherine P					-
Date Submitted							-
Date Submitted		9-24-15					1
Purpose of fundraising activity:	(Wha	t will the fun	inds be used for?	Re specific)			
We are wanting to pay for our girls dance					clotl	1es warm_II	ines
accessories. We want to schedule dates a							
flat fee for all who want to attend of \$15.		x y believes 11	Well as active to	Se to them both. W	Cai	e wanting t	O CIL
	4						
Items to be sold:							
We will be holding a dance clinic for 4th &	5th graders wh	o are interes	sted in learning n	nore about dance a	as we	ell as prepai	ring
Mittle School dane team.							8
Beneficiary of fundraising activity:	OV/I-o	:11	4b . b			1111 (11) (11) (11) (11) (11) (11) (11)	
All dancers	(уу по	will receive	the benefit of the	e Tunas)	ļ		_
All dalicers							
				i .			
Date(s) scheduled:		***************************************					
Jan Mar. 2016							- į
Jan. Iviai. 2010							+-
		17					-
Names of adult supervisors at activity (cha	perones, custodi	ians, etc.):	***************************************				
Katherine Power							
Becky Barrow							1
							-
Athletic Fundraiser				Yes		No	X
If yes, sport involved:							
Corresponding sport participating in fund	raiser?			Yes		No	X
						anniani arang	
Coaches Signature (corresponding sport)						Date	
Circle One: Approve	d N	lot Approved	1		TD 4		
0,11,1,0					Dat	1 4 7	<u> </u>
Principal					DOM:	Date	-
Vicinity in the second						Date	
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SBDM Council (If Council Policy)					ļ	Date	

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	SCHOOL ACTIVITY FUND		
	FUNDRAISER APPROVAL	1	
School	TCCHS		
Activity Account	TCCHS Dance Team		
External Support/Booster Organization			
Name of Fundraiser	Butter Braids		
Sponsor	Katherine Power		
Date Submitted	16-Sep-15		
Purpose of fundraising activity:	(What will the funds be used for		
Our fundraiser is for competition fees regional an	d state. As well as hotel fees for aw	ay competitions.	
Items to be sold:	4 - 41 - 611		
We will be selling Butter Braids. They are a froze	n pastry with filling inside.		
Beneficiary of fundraising activity:	(Who will receive the benefit of	the funds)	
Each dancer will receive all of the funds.	(who will receive the benefit of	the lunus)	
Each dancer will receive an or the funds.			
Date(s) scheduled:			
Nov. 1st			
	The state of the s		
Names of adult supervisors at activity (chaperone	s, custodians, etc.):		I I
Katherine Power			
Becky Barrow	****		
Athletic Fundraiser		Yes	No X
If yes, sport involved:			
Corresponding sport participating in fundraiser?		Yes	No X
Coaches Signature (corresponding sport)			Date
Circle One: Approved	Not Approved		
$A \cdot T O$		D	0ate,
THE TENTON			1166
Principal			Date
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	SCHOOL ACTIVITY FUND FUNDRAISER APPROVAL			
School	TCCHS			
Activity Account	TCCHS Dance Team			
External Support/Booster Organization				
Name of Fundraiser	Business Letters			
Sponsor	Katherine Power			
Date Submitted	16-Sep-15			_
Purpose of fundraising activity:	(What will the funds be used for?]			
We are asking for community donations to pay fo	or our team banner and our senior bar	ners to be hung in the	gym.	
Items to be sold: We will be sending our letter to our community b	usiness and groups for donations for	Number to be have	in the gym	
we will be sending our letter to our community b	usiness and groups for donations for C	our banners to be nung	in the gym	
Beneficiary of fundraising activity:	(Who will receive the benefit of the	e funds)		
The dancers will be able to pictured on the banne	r.			
Date(s) scheduled:				
Start requesting donations as soon as approved by	y board.			
Names of adult supervisors at activity (chaperone	es, custodians, etc.):			
Katherine Power				_
Becky Barrow				
Athletic Fundraiser If yes, sport involved:		Yes	No	X
Corresponding sport participating in fundraiser?		Yes	No	X
Coaches Signature (corresponding sport)			Date	
	Not Approved			
Circle One: Approved				
Jumit, De		Dat C	1115	
			Date	



	TCCHS		- Walter		
Activity Account External Support/Booster Organization	TCCHS				_
External Support/Booster Organization	TCCHS Dance Team		-	1	-
	TCCHS Dance Team		-	1	_
Name of Fundraiser	Dampared Chaf		-		_
Sponsor	Pampered Chef Katherine Power			1	_
Date Submitted	16-Sep-15		-		_
Date Submitted	10-Sep-15	•			
Purpose of fundraising activity:	(What will the funds be used for	·? Be specific)	+		
Our fundraiser is for competition fees regional and s	state. As well as hotel fees for aw	av competitions.	*************		
Items to be sold:					
We will be selling various Pampered Chef items from	n their book as well as, hosting a	cooking party for g	uest	to come try	the
Beneficiary of fundraising activity: Each dancer will receive all of the funds.	(Who will receive the benefit of	the funds)			
Each dancer will receive all of the funds.					_
			_		
					-
Date(s) scheduled:					
Oct. 1st				ļ ,	
, Cott 15t			-		+
A TOTAL CONTRACTOR OF THE CONT			1		-
Names of adult supervisors at activity (chaperones, o	custodians, etc.):				
Katherine Power					
Becky Barrow			İ		
Casey Wilson					
					+
					DESCRIPTION OF THE PARTY OF THE
Athletic Fundraiser		Yes	T	No	X
If yes, sport involved:		168	<u> </u>	I NO	Λ
Corresponding sport participating in fundraiser?		Yes		N _o	X
Corresponding sport participating in fundraiser:		168		No	
Coaches Signature (corresponding sport)				Dete	-
Coaches Signature (corresponding sport)				Date	-
Circle One: Approved	Not Approved			***************************************	
7 - 1	THE TANK THE		Dat	te	-
Whit, for			10	11/15	
Principal			1	Date	-
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SBDM Council (If Council Policy)		***************************************		Date	
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SCHOOL ACTIVITY FUND FUNDRAISER APPROVAL

School	TCCHS			
Activity Account	TCCHS Veteran's Day Prog	ran		
External Support/Booster Organization	100H5 Veteran S Day 1 10g	R 64 H F F		***************************************
Name of Fundraiser	Veteran's Day Program			
Sponsor	Becky Lanier		***************************************	АШ-КИОСИЧЕНКИО И ОСМЕТЕРО (ТАКОСИСКА НАСОВИТЕЛЬНИКО В ВОГИТО В ВОГИТО В ВОГИТО В ВОГИТО В ВОГИТО В ВОГИТО В
Date Submitted	16-Sep-15			
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Purpose of fundraising activity:	(What will the funds be used for?	Re specific)		
To raise money for our annual TCCHS Vetera				
breakfast for veteran's and guests, flags, decor	27-14-15-14-14-14-14-14-14-14-14-14-14-14-14-14-			
expenses incurred for the program	i utions, remainder of our of programs a	ild uily other	······································	
expenses meaning for the program				and the second s

Items to be sold:				
Requesting donations from each city council, t	funeral homes, banks, and any other	businesses.		
	*			
Beneficiary of fundraising activity:	(Who will receive the benefit of th	e funds)		
2015 TCCHS Veteran's Day Program, TCCH			ests	
			THE RESERVE TO SERVE THE PROPERTY OF THE PROPE	
Date(s) scheduled:				
Program to be held on 6-Nov-1				
Start requesting donations as soon as approve	ed by board.			
Names of adult supervisors at activity (chaper	rones, custodians, etc.):			
Becky Lanier			ومراوي الموسول والموسود والمراو والمراو والمراوية	
Jennifer Pope			*****************************	
Matthew Baker			***************************************	
All TCCHS Staff			**************************************	
Athletic Fundraiser		Yes		No X
If yes, sport involved:				***************************************
Corresponding sport participating in fundrais	ser?	Yes		No
			.	
Coaches Signature (corresponding sport)			Date	;
Circle One: Approved	Not Approved			
(Date	
I have the				
Principal (Date	2
(T				
V				
SBDM Council (If Council Policy)		_	Date	

Date

Superintendent