

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

<b>School</b>	Todd Country Central High School
<b>Activity Account</b>	Dance Team
<b>External Support/Booster Organization</b>	
<b>Name of Fundraiser</b>	Dance Class
<b>Sponsor</b>	Katherine Power
<b>Date Submitted</b>	9/24/15

**Purpose of fundraising activity:** (What will the funds be used for? Be specific)  
 We are wanting to pay for our girls dance attire throughout the season. New shoes and uniform, practice clothes, warm-ups and accessories.

**Items to be sold:**  
 We want to hold a 2 day dance class for elementary-middle school age dancers who want an opportunity to dance at a TCCHS basketball game. All participants will receive a t-shirt, learn a dance, and get the chance to perform. We are asking \$20 per participant.

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

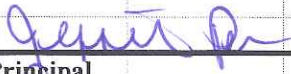
**Date(s) scheduled:**  
 Jan.- Mar. 2016

**Names of adult supervisors at activity (chaperones, custodians, etc.):**  
 Katherine Power  
 Becky Barrow

<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**

 <b>Principal</b>	<b>Date</b> 10/1/15
---	------------------------

<b>SBDM Council (If Council Policy)</b>	<b>Date</b>
---	-------------

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

<b>School</b>	Todd Country Central High School
<b>Activity Account</b>	Dance Team
<b>External Support/Booster Organization</b>	
<b>Name of Fundraiser</b>	Dance Camp/ Workshop
<b>Sponsor</b>	Katherine Power
<b>Date Submitted</b>	9-24-15

**Purpose of fundraising activity:** (What will the funds be used for? Be specific)  
 We are wanting to pay for our girls dance attire throughout the season. New shoes and uniform, practice clothes, warm-ups and accessories. We want to schedule dates at both elementary schools. As well as advertise to them both. We are wanting to charge a flat fee for all who want to attend of \$15.

**Items to be sold:**  
 We will be holding a dance clinic for 4th & 5th graders who are interested in learning more about dance as well as preparing for Middle School dance team.

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

**Date(s) scheduled:**  
 Jan.- Mar. 2016

**Names of adult supervisors at activity (chaperones, custodians, etc.):**  
 Katherine Power  
 Becky Barrow

<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
Principal			10/1/15

<b>SBDM Council (If Council Policy)</b>	<b>Date</b>
---	-------------



**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

<b>School</b>	<b>TCCHS</b>
<b>Activity Account</b>	<b>TCCHS Dance Team</b>
<b>External Support/Booster Organization</b>	
<b>Name of Fundraiser</b>	<b>Butter Braids</b>
<b>Sponsor</b>	<b>Katherine Power</b>
<b>Date Submitted</b>	<b>16-Sep-15</b>

**Purpose of fundraising activity:** (What will the funds be used for? Be specific)  
**Our fundraiser is for competition fees regional and state. As well as hotel fees for away competitions.**

**Items to be sold:**  
**We will be selling Butter Braids. They are a frozen pastry with filling inside.**

**Beneficiary of fundraising activity:** (Who will receive the benefit of the funds)  
**Each dancer will receive all of the funds.**


**Date(s) scheduled:**  
**Nov. 1st**

**Names of adult supervisors at activity (chaperones, custodians, etc.):**  
**Katherine Power**  
**Becky Barrow**

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

<b>Coaches Signature (corresponding sport)</b>	<b>Date</b>
--	-------------

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

  
**Principal**

**Date**  
**10/1/15**  
**Date**

<b>SBDM Council (If Council Policy)</b>	<b>Date</b>
---	-------------

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

<b>School</b>	<b>TCCHS</b>
<b>Activity Account</b>	<b>TCCHS Dance Team</b>
<b>External Support/Booster Organization</b>	
<b>Name of Fundraiser</b>	<b>Business Letters</b>
<b>Sponsor</b>	<b>Katherine Power</b>
<b>Date Submitted</b>	<b>16-Sep-15</b>

**Purpose of fundraising activity:** (What will the funds be used for? Be specific)  
 We are asking for community donations to pay for our team banner and our senior banners to be hung in the gym.

**Items to be sold:**  
 We will be sending our letter to our community business and groups for donations for our banners to be hung in the gym

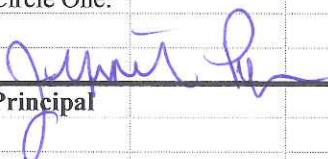
**Beneficiary of fundraising activity:** (Who will receive the benefit of the funds)  
 The dancers will be able to pictured on the banner.

**Date(s) scheduled:**  
 Start requesting donations as soon as approved by board.

**Names of adult supervisors at activity (chaperones, custodians, etc.):**  
 Katherine Power  
 Becky Barrow

<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	
			<b>Date</b> 10/1/15
<b>Principal</b>			<b>Date</b>
<b>SBDM Council (If Council Policy)</b>			<b>Date</b>



**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

<b>School</b>	<b>TCCHS</b>
<b>Activity Account</b>	<b>TCCHS Dance Team</b>
<b>External Support/Booster Organization</b>	
<b>Name of Fundraiser</b>	<b>Pampered Chef</b>
<b>Sponsor</b>	<b>Katherine Power</b>
<b>Date Submitted</b>	<b>16-Sep-15</b>

**Purpose of fundraising activity:** (What will the funds be used for? Be specific)  
 Our fundraiser is for competition fees regional and state. As well as hotel fees for away competitions.

**Items to be sold:**  
 We will be selling various Pampered Chef items from their book as well as, hosting a cooking party for guest to come try the items

**Beneficiary of fundraising activity:** (Who will receive the benefit of the funds)  
 Each dancer will receive all of the funds.

**Date(s) scheduled:**  
 Oct. 1st

**Names of adult supervisors at activity (chaperones, custodians, etc.):**  
 Katherine Power  
 Becky Barrow  
 Casey Wilson

<b>Athletic Fundraiser</b> If yes, sport involved:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<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**

	<b>Date</b> 10/1/15
<b>Principal</b>	<b>Date</b>

<b>SBDM Council (If Council Policy)</b>	<b>Date</b>
---	-------------

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

<b>School</b>	<b>TCCHS</b>
<b>Activity Account</b>	<b>TCCHS Veteran's Day Program</b>
<b>External Support/Booster Organization</b>	
<b>Name of Fundraiser</b>	<b>Veteran's Day Program</b>
<b>Sponsor</b>	<b>Becky Lanier</b>
<b>Date Submitted</b>	<b>16-Sep-15</b>

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

To raise money for our annual TCCHS Veteran's Day Program. To cover expenses such as:  
breakfast for veteran's and guests, flags, decorations, rental of chairs, programs and any other  
expenses incurred for the program

**Items to be sold:**

Requesting donations from each city council, funeral homes, banks, and any other businesses.

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

2015 TCCHS Veteran's Day Program, TCCHS students, and TCMS Students, Veteran's and guests

**Date(s) scheduled:**

Program to be held on 6-Nov-15

Start requesting donations as soon as approved by board.

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

Becky Lanier

Jennifer Pope

Matthew Baker

All TCCHS Staff

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 type="checkbox"/>
Coaches Signature (corresponding sport)		Date

Circle One:

Approved

Not Approved

  
Principal

Date

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date