

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCMS
Activity Account	Academic Team
Internal Support/Booster Organization	
Name of Fundraiser	Sunglasses/Hat Day
Sponsor	Lisa Porter
Date Submitted	10/22/2015

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 The money will be used to pay for transportation to and from Academic competitions. The money will also be used to purchase any supplies, rewards/awards, or equipment needed by the academic team. It will also help cover any registration fees that may occur.

Items to be sold:
 A day will be designated and students will get to purchase the right to wear sunglasses and/or a hat for that day.
 It would be \$1 each.

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 All TCMS academic team members.

Date(s) scheduled:
 First day in November before Thanksgiving break and then one day each month the rest of the year. Dates will be approved with administration each month.

Names of adult supervisors at activity (chaperones, custodians, etc.):
 Lisa Porter, Nikki Andrews

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 *L. By* Date 10/27/15

SBDM Council (If Council Policy) Date

Superintendent Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCMS
Activity Account	Academic Team
Internal Support/Booster Organization	
Name of Fundraiser	Donation Letters
Sponsor	Lisa Porter
Date Submitted	10/22/2015

Purpose of fundraising activity: (What will the funds be used for? Be specific)
The money will be used to pay for transportation to and from Academic competitions. The money will also be used to purchase any supplies, rewards/awards, or equipment needed by the academic team. It will also help cover any registration fees that may occur.

Items to be sold:
Nothing will be sold. Letters will be mailed out asking for donations for the Academic Team.

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
All TCMS academic team members.

Date(s) scheduled:
Jan. 2016

Names of adult supervisors at activity (chaperones, custodians, etc.):
Lisa Porter, Nikki Andrews

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 10/27/15
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCMS
Activity Account	Academic Team
External Support/Booster Organization	
Name of Fundraiser	T-shirts
Sponsor	Lisa Porter
Date Submitted	10/22/2015

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 The money will be used to pay for transportation to and from Academic competitions. The money will also be used to purchase any supplies, rewards/awards, or equipment needed by the academic team. It will also help cover any registration fees that may occur.

Items to be sold:
 T-shirts

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 All TCMS academic team members.

Date(s) scheduled:
 Nov. 16 - April 30

Names of adult supervisors at activity (chaperones, custodians, etc.):
 Lisa Porter, Nikki Andrews

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

J. By
 Principal

Date

10/27/15
 Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCMS
Activity Account	Archery
External Support/Booster Organization	
Name of Fundraiser	Donations
Sponsor	Monica Sears
Date Submitted	10/21/2015


Purpose of fundraising activity: (What will the funds be used for? Be specific)
To receive donations to help get the archery program started. The money would help purchase supplies and equipment for all members of the team.

Items to be sold:
No items will be sold, students/parents (members of the team) would contact/ask acquaintances for donations.
The people who donate would have the option of being recognize on the archery team shirt.

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
All TCMS Archery members

Date(s) scheduled:
Nov. 10

Names of adult supervisors at activity (chaperones, custodians, etc.):
Monica Sears, Shannon Jolicoeur

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

Circle One: Approved Not Approved


Principal

Date
10/29/15
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCMS
Activity Account	Boys Basketball
External Support/Booster Organization	
Name of Fundraiser	Boys Basketball Tournament/Christmas Tournament
Sponsor	Frank Johnson
Date Submitted	10/21/2015

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 The money collected during the boys basketball tournament hosted at TCMS will be used to purchase supplies and equipment for the TCMS boys basketball team.

Items to be sold:
 Spectators will pay an admission and concessions will be sold.

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 All TCMS boys basketball team members.

Date(s) scheduled:
 Dec. 19, 2015

Names of adult supervisors at activity (chaperones, custodians, etc.):
 Frank Johnson, Les Broady, Stephanie Broderick, Joe Johnson

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

Circle One: Approved Not Approved


 Principal

Date
 10/29/15
 Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Middle School
Activity Account	
Internal Support/Booster Organization	
Name of Fundraiser	Fuzzy Friends pet food donations
Sponsor	Julie Hamlet/Kadi Ralston
Date Submitted	10/21/2015

Purpose of fundraising activity:

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

The Fuzzy Friends club is one in which they donate petfood to a local animal shelter. All proceeds of donations are given to the club in order to provide for these shelters. The club has given in the past at STES and then took up donations both monetary and actual items to give to the animal shelters.

Items to be sold:

We are actually asking for donations of petfood for the club. At this time we aren't selling any items.

Beneficiary of fundraising activity:

(Who will receive the benefit of the funds)

The Christian County Animal shelter will be the beneficiary of these donations that are provided.

Date(s) scheduled:

November 9-December 13

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

Julie Hamlet

Kadi Ralston

Athletic Fundraiser

Yes ☐

No ☐

If yes, sport involved:

Corresponding sport participating in fundraiser?

Yes ☐

No ☐

Coaches Signature (corresponding sport)

Date

Circle One:

Approved

Not Approved

Date

Principal

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date