

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	BAND
External Support/Booster Organization	
Name of Fundraiser	Chocolate Sales
Sponsor	Calvin Warren III
Date Submitted	11/19/2015

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:  
 Chocolate variety boxes from World's Finest

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
 TCCHS Rebel Band.

Date(s) scheduled:  
 Dec-15

Names of adult supervisors at activity (chaperones, custodians, etc.):  
 Calvin Warren III, Becky Edwards, Pam Dunn, Jennifer Oyler

Athletic Fundraiser	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, sport involved BAND			
Corresponding sport participating in fundraiser? BAND	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Coaches Signature (corresponding sport)	11/19/15 Date		

Circle One:                      Approved                      Not Approved

  
 Principal

Date  
 12/3/15  
 Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL

School	TCCHS
Activity Account	Beta Club
External Support/Booster Organization	
Name of Fundraiser	T-Shirts
Sponsor	Billy Shanks
Date Submitted	20-Nov-15

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
To raise money for Beta Scholarships

Items to be sold:  
T-shirts

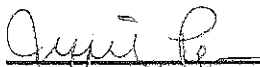
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
Seniors receiving Beta Scholarships

Date(s) scheduled:  
December 15 - January 15

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

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  
11/23/15  
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

## SCHOOL ACTIVITY FUND FUNDRAISER APPROVAL

School	TCCHS
Activity Account	Golf
External Support/Booster Organization	
Name of Fundraiser	Spring Golf Tournament
Sponsor	Jan Martin- golf coach
Date Submitted	11/20/15

Purpose of fundraising activity:

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

The purpose of this golf tournament is to raise money to purchase uniforms and pay travel expenses during the golf season

Items to be sold:

Nothing will be sold; the funds generated for the golf team will come from the entry fees for the tournament and hole "sponsors."

**Beneficiary of fundraising activity:**

(Who will receive the benefit of the funds)

Golf team will be the beneficiary of all money raised

Date(s) scheduled:

April 4th, 2015

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

Jan Martin, Joanna Reed Tom Haley Mark & Tammy Sharp Nakita Barrow-Kennedy

[illegible]

Circle One:

Approved

Not Approved

Principal

Date 12/4/15  
Date

**SBDM Council (If Council Policy)**

Date \_\_\_\_\_

Superintendent

Date \_\_\_\_\_

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	TCCHS Health Science Association
External Support/Booster Organization	None
Name of Fundraiser	Christmans Candy Cane-O-Gram
Sponsor	Tina Marshall
Date Submitted	11/20/15

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
 Funds acquired will go to the Health Science Association for possible medical trips.

Items to be sold:  
 Small assortment of candy canes with a personal note. Would like to sell during lunches. Would like to deliver one day during school.  
 (before Christmas break)

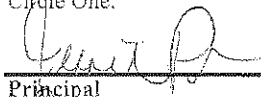
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
 Students who are members of the Health Science Association

Date(s) scheduled:  
 Beginning on December 2, 2015 (per board approval)

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

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

 \_\_\_\_\_ Date 12/3/15  
 Principal

SBDM Council (If Council Policy) \_\_\_\_\_ Date \_\_\_\_\_

Superintendent \_\_\_\_\_ Date \_\_\_\_\_

SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL

School	TCHS
Activity Account	STLP
External Support/Booster Organization	
Name of Fundraiser	Ink Cartridge Recycling
Sponsor	Matt Laughter
Date Submitted	2-Nov-15

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
To raise funds for STLP team for equipment and project materials

Items to be sold:  
Recycle Ink Cartridges

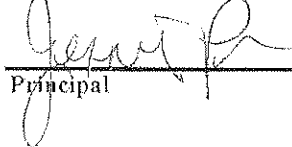
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
All STLP member

Date(s) scheduled:  
15-Dec-15 through June 30, 2016

Names of adult supervisors at activity (chaperones, custodians, etc.):  
Matt Laughter  
Ghan Smith  
Ben Gregory

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 12-3-15	

Circle One: Approved Not Approved

  
Principal

Date 12/3/15  
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date