

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCMS
Activity Account	Athletics
External Support/Booster Organization	
Name of Fundraiser	L & R Night for 8th Grade Recognition
Sponsor	Athletics
Date Submitted	12/10/2015

Purpose of fundraising activity: (What will the funds be used for? Be specific)
Regonition of 8th grade athletic students.

Items to be sold:
Ice cream

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
8th grade athletes

Date(s) scheduled:
Feb. 1

Names of adult supervisors at activity (chaperones, custodians, etc.):
Les Broady, Kadi Ralston

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

Principal

_____ Date


SBDM Council (If Council Policy)

12/15/15
_____ Date

Superintendent

_____ Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCMS
Activity Account	Beta
External Support/Booster Organization	
Name of Fundraiser	Valentines Dance King/Queen
Sponsor	Sandy Power
Date Submitted	12/1/2015


Purpose of fundraising activity: (What will the funds be used for? Be specific)
Funds will be used for items that students can use in the building- tables/chairs for new sitting area outside.

Items to be sold:
Students will nominate candidates & the candidates will raise money for votes to be elected as King/Queen.

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

Date(s) scheduled:
Feb. 2016

Names of adult supervisors at activity (chaperones, custodians, etc.):
Sandy Power, Missy Cherry

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

 SBDM Council (If Council Policy)

Date
 Date
 12/15/15
 Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCMS
Activity Account	Beta
External Support/Booster Organization	
Name of Fundraiser	Match Maker
Sponsor	Sandy Power
Date Submitted	12/1/2015


Purpose of fundraising activity: (What will the funds be used for? Be specific)
 Money collectd will be used to purchase dance supplies/decorations for the Beta dance. Money will also be used to help purchase items for new sitting area at TCMS.

Items to be sold:
 Students will be able to participate in a survey and then purchase the results.


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

Date(s) scheduled:
 Jan. 2016

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

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
	12/15/15
SBDM Council (If Council Policy)	Date
Superintendent	Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCMS
Activity Account	General Fund
External Support/Booster Organization	
Name of Fundraiser	Pajama Day
Sponsor	LeAnn Russell
Date Submitted	12/3/2015

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 To raise money for TCMS students in need. This money may help cover the cost of field trips as well as other supplies or needs as they may arise.

Items to be sold:
 Students donate \$1 to wear pajamas for the day.

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

Date(s) scheduled:
 Dec. 2015

Names of adult supervisors at activity (chaperones, custodians, etc.):
 Les Broady, LeAnn Russell

Athletic Fundraiser	Yes <input type="checkbox"/>	No <input 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

Principal

Date


 SBDM Council (If Council Policy)

12/15/15
 Date

Superintendent

Date