# SCHOOL ACTIVITY FUND FUNDRAISER APPROVAL

School	TCCHS		
Activity Account	TCCHS Health Science Associa	tion	
External Support/Booster Organization	None	AND THE RESIDENCE OF THE PARTY	
Name of Fundraiser	Valentine - O - grams		
Sponsor	Tina Marshall		
Date Submitted	12/15/15		
Purpose of fundraising activity: Funds aquired will go to the Health Science Ass	(What will the funds be used for? Be ociation for possible medical trips.	specific)	
Items to be sold: Small assortment of candy with a personal note	. Would like to sell during lunches. Would	like to deliver one	day during school.
Beneficiary of fundraising activity: Students who are members of the Health Science	(Who will receive the benefit of the fi ee Association	ınds)	
Date(s) scheduled: Beginning per board approval  Names of adult supervisors at activity (chapero Tina Marshall	nes, custodians, etc.):		
Tina Marsuan			
	The second secon		
Market Ma			
Doctor Control			
Athletic Fundraiser		Yes	No x
If yes, sport involved:		L	
Corresponding sport participating in fundraise	r?	Yes	No
		Banner.	
Coaches Signature (corresponding sport)			Date
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Circle One: Approved	Not Approved	· Processing	
		Da	tellic
Jam 10			Dete
Principal			Date
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SBDM Council (If Council Policy)		- Charles	Date
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Superintendent	5000 1 To 1		Date
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Do do o	De mat Car	any 12	Der time
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### SCHOOLACTIVITY FUND FUNDRAISER APPROVAL

Date

School	I TCCHS	
Activity Account	TCCHS Health Science Ass	sociation
External Support/Booster Organization	None	
Name of Fundraiser	St. Patrick's Day - O - gram	15
Sponsor	Tina Marshall	
Date Submitted	12/15/15	
Purpose of fundraising activity: Funds aquired will go to the Health Science Asso	(What will the funds be used for? iciation for possible medical trips.	Be specific)
Items to be sold: Small assortment of candy with a personal note.	Would like to sell during lunches. Wo	ould like to deliver one day during school.
Beneficiary of fundraising activity: Students who are members of the Health Science	(Who will receive the benefit of the Association	he funds)
pp(17); THANK BOULDMAN - STORY		
Date(s) scheduled: Beginning per board approval  Names of adult supervisors at activity (chaperon Tina Marshall	es, custodians, etc.):	
Athletic Fundraiser If yes, sport involved: Corresponding sport participating in fundraiser	?	Yes No X Yes No
Coaches Signature (corresponding sport)		Date
Circle One: Approved Principal	Not Approved	Date Date
SBDM Council (If Council Policy)	Del-verkittiksisk El-visit sevilmin bilden in delektrisi den olassu varan verkinassi kalassa sasa saska san vesat	Date

Superintendent

### SCHOOL ACTIVITY FUND FUNDRAISER APPROVAL

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School	TCCHS			
Activity Account	TCCHS Health Science Assoc	iation		207700071007100710
External Support/Booster Organization	None			
Name of Fundraiser	Easter - O - grams			
Sponsor	Tina Marshall			
Date Submitted	12/15/15			
Purpose of fundraising activity: Funds aquired will go to the Health Science Ass	(What will the funds be used for? B sociation for possible medical trips.	e specific)		
Items to be sold: Small assortment of candy with a personal note	e. Would like to sell during lunches. Wou	ld like to deliver	one day	during school.
Beneficiary of fundraising activity: Students who are members of the Health Scien	(Who will receive the benefit of the ce Association	funds)		
Date(s) scheduled: Beginning per board approval				
Names of adult supervisors at activity (chapero Tina Marshall	ones, custodians, etc.):			
Bencomment and the second seco				
Athletic Fundraiser		Yes		No x
If yes, sport involved:			[manual]	Personner
Corresponding sport participating in fundraise	er?	Yes		No
Coachar Sanatura (agessa - Line A		w0000000000000	T) _ 1	
Coaches Signature (corresponding sport)			Dat	e
Circle One: Approved	Not Approved			
Approved	riotzippioved	• ·	Date 1	
Janu te			-1/0	4/13
Principal	<del>дородно другородно в дение, до од од се во с</del>	MANAGEM	Ďat	
SBDM Council (If Council Policy)	one of the second secon	MATTER THE STATE OF THE STATE O	Dat	e
Superintendent	debankani Sredaki kila 1940 (1940) (1940) (1940) (1940) (1940) (1940) (1940) (1940) (1940) (1940) (1940) (1940)	III-SPATIANS PIII	Dat	etelementerioristaturoris desiratino contratamente.

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School	TCCHS		overski markimpakiki omer Jam'i	
Activity Account	TCCHS Health Science Asso	ciation	PARTITION OF THE PARTIT	
External Support/Booster Organization	None		Conference to the Area Conference	
Name of Fundraiser	Mother's Day - O - grams			
Sponsor	Tina Marshall			
Date Submitted	12/15/15			
Purpose of fundraising activity: Funds aquired will go to the Health Science Associ	(What will the funds be used for? iation for possible medical trips.	Be specific)		
Items to be sold: Small assortment of candy with a personal note. W	Vould like to sell during lunches. Wo	uld like to deliver	one day d	luring school.
Beneficiary of fundraising activity: Students who are members of the Health Science A	(Who will receive the benefit of th Association	e funds)		
Date(s) scheduled: Beginning per board approval			der Distriction of the State of	
Names of adult supervisors at activity (chaperones Tina Marshall	s, custodians, etc.):		Chronical Control	
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A.R.I.A. To		~ -	1 1	N I I
Athletic Fundraiser		Yes		No x
If yes, sport involved: Corresponding sport participating in fundraiser?		Yes		No
Corresponding sport participating in Hundraiser?		ies	Land	110
Coaches Signature (corresponding sport)			Date	9
Coaches Diguature (corresponding Sport)		punumananan hudisus organisus, a milayat melainakkan aka a sa	Dau	
Circle One: Approved	Not Approved			
Jari Pe			Date	1/13
Principal			Date	è
SBDM Council (If Council Policy)		·	Date	е

Date

Superintendent

## SCHOOLACTIVITY FUND FUNDRAISER APPROVAL

School	TCCHS
Activity Account	TCCHS Health Science Association
External Support/Booster Organization	None
Name of Fundraiser	End of School/ Graduation/ Summer Fun - O - grams
Sponsor	Tina Marshall
Date Submitted	12/15/15

Name of Fundraiser	End of School/ Gradiano	n/ Summer run - O - grams
Sponsor	Tina Marshall	
Date Submitted	12/15/15	CONTRACTOR OF THE DESIGNATION OF THE PROPERTY
Purpose of fundraising activity: Funds aquired will go to the Health Scie	(What will the funds be used for nce Association for possible medical trips.	-? Be specific)
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Items to be sold: Small assortment of candy with a person	nal note. Would like to sell during lunches. V	Vould like to deliver one day during school.
Beneficiary of fundraising activity: Students who are members of the Health	(Who will receive the benefit of a Science Association	the funds)
Date(s) scheduled: Beginning per board approval		
Names of adult supervisors at activity (c Tina Marshall	haperones, custodians, etc.}:	
		X/
Athletic Fundraiser		Yes No x
If yes, sport involved:	. 1	
Corresponding sport participating in fu	ndraiser?	Yes No
C* 1. C!	Δ	Data
Coaches Signature (corresponding sport	L)	Date :
Circle One: Appro	oved Not Approved	Datel 4/15
Principal		Date
SBDM Council (If Council Policy)	m zamata ya caramanan dan oha da zaman da kalemban bidaka ya kalemban dan dan dan dan kanasun a dalah sa azar wa mada zaman sandar	Date
Superintendent		Date