

SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL

School	TCHS
Activity Account	TCHS Health Science Association
External Support/Booster Organization	None
Name of Fundraiser	St. Patrick's Day - O - grams
Sponsor	Tina Marshall
Date Submitted	12/15/15

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

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

Date(s) scheduled:
Beginning 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


Principal

Date
11/4/15
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

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**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

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

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

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.

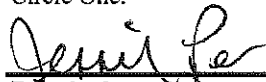
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 Students who are members of the Health Science Association

Date(s) scheduled:
 Beginning 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


 Principal

Date 1/4/15
 Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

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**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	TCCHS Health Science Association
External Support/Booster Organization	None
Name of Fundraiser	Mother's Day - O - grams
Sponsor	Tina Marshall
Date Submitted	12/15/15

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 with a personal note. Would like to sell during lunches. Would like to deliver one day during school.

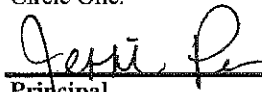
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 Students who are members of the Health Science Association

Date(s) scheduled:
 Beginning 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


 Principal

Date
 1/4/15
 Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

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**SCHOOL ACTIVITY 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

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

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

Date(s) scheduled:
 Beginning 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


 Principal

Date: 1/4/16
 Date

SBDM Council (If Council Policy)

Date

Superintendent

Date