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**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

<b>School</b>	<b>TCCHS</b>
<b>Activity Account</b>	<b>BAND 09</b>
<b>External Support/Booster Organization</b>	
<b>Name of Fundraiser</b>	<b>Fan Cloth Apparel</b>
<b>Sponsor</b>	<b>Calvin Warren III</b>
<b>Date Submitted</b>	<b>May 5th, 2016</b>

**Purpose of fundraising activity:** (What will the funds be used for? Be specific)  
**To raise funds for band equipment, uniform upkeep and supplies.**

**Items to be sold:**  
**Band apparel (hats, shirts, etc)**

**Beneficiary of fundraising activity:** (Who will receive the benefit of the funds)  
**Todd County Central Band**

**Date(s) scheduled:**  
**May-16**

**Names of adult supervisors at activity (chaperones, custodians, etc.):**  
**Calvin Warren III, Jill Wyatt**

<b>Athletic Fundraiser</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involved: <b>BAND</b>		
Corresponding sport participating in fundraiser?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Coaches Signature (corresponding sport)	<div style="text-align: center; font-size: 1.2em;">5/12/16</div> Date	

Circle One:  **Approved**       **Not Approved**

**Principal** \_\_\_\_\_ **Date** 5/12/16

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

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

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

<b>School</b>	TCCHS
<b>Activity Account</b>	TC QB Club
<b>External Support/Booster Organization</b>	External
<b>Name of Fundraiser</b>	Closing Day Lunch
<b>Sponsor</b>	Bryan Jones
<b>Date Submitted</b>	5/2/16

**Purpose of fundraising activity:** (What will the funds be used for? Be specific)  
 Raise money for Julie and Clara Gilliam.

**Items to be sold:**  
 Sell catfish or chicken finger lunches for closing day. *Adults only*

**Beneficiary of fundraising activity:** (Who will receive the benefit of the funds)  
 TC Quarterback Club will be donating 100% of money collected to Julie Gilliam.

**Date(s) scheduled:**  
 Immediately through closing day.

**Names of adult supervisors at activity (chaperones, custodians, etc.):**  
 Bryan Jones  
 Matt Baker

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

Circle One:                      **Approved**                      **Not Approved**

*Juanita Per* \_\_\_\_\_ **Date**  
*5/2/16*

**Principal** **Date**

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

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