

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCMS
Activity Account	Dance Team
External Support/Booster Organization	
Name of Fundraiser	Rebel T-Shirts
Sponsor	Katherine Power Cole
Date Submitted	

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
 Uniforms, Dance wear, Shoes, Competition Fees, Competition Hotel Rooms, and/or Poms

Items to be sold:  
 Logo T-Shirts

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

Date(s) scheduled:  
 August-November

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

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 checked="" type="checkbox"/>
Coaches Signature (corresponding sport)		Date

Circle One:

Approved

Not Approved

Principal

Date

3/24/16

Date

SBDM Council (If Council Policy)

Date

5/24/16

Superintendent

Date

## SCHOOL ACTIVITY FUND FUNDRAISER APPROVAL

<b>School</b>	<b>TCMS</b>
<b>Activity Account</b>	<b>Dance Team</b>
<b>External Support/Booster Organization</b>	
<b>Name of Fundraiser</b>	<b>Smencils</b>
<b>Sponsor</b>	<b>Katherine Power Cole</b>
<b>Date Submitted</b>	

**Purpose of fundraising activity:** (What will the funds be used for? Be specific)  
**Uniforms, Dance wear, Shoes, Competition Fees, Competition Hotel Rooms, and/or Poms**

**Items to be sold:**  
**Scented Pencils**

<b>Beneficiary of fundraising activity:</b>	<b>(Who will receive the benefit of the funds)</b>
<b>All Dancers</b>	

**Date(s) scheduled:**  
**August-November**

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

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 checked="" type="checkbox"/>
Coaches Signature (corresponding sport)			Date	

Circle One:

Approved

**Not Approved**

Date \_\_\_\_\_

5/24/14

## Principal

Date \_\_\_\_\_

**SBDM Council (If Council Policy)**

Date \_\_\_\_\_

## Superintendent

**Date**

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCMS
Activity Account	Dance Team
External Support/Booster Organization	
Name of Fundraiser	Donation Letters
Sponsor	Katherine Power Cole
Date Submitted	

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
Uniforms, Dance wear, Shoes, Competition Fees, Competition Hotel Rooms, and/or Poms

Items to be sold:  
Letters sent to businesses and individuals to sponsor a dancer for the season.

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

Date(s) scheduled:  
June-August

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

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 checked="" type="checkbox"/>
Coaches Signature (corresponding sport)	Date	

Circle One:                      Approved                      Not Approved

Principal *[Signature]* \_\_\_\_\_ Date 5/24/16  
Date \_\_\_\_\_

SBDM Council *[Signature]* \_\_\_\_\_ Date 5/24/16  
(If Council Policy) Date \_\_\_\_\_

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

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

<b>School</b>	TCMS
<b>Activity Account</b>	Dance Team
<b>External Support/Booster Organization</b>	
<b>Name of Fundraiser</b>	Trenton Yard Sale/Guthrie Heritage Days
<b>Sponsor</b>	Katherine Power Cole
<b>Date Submitted</b>	

**Purpose of fundraising activity:** (What will the funds be used for? Be specific)  
 Uniforms, Dance wear, Shoes, Competition Fees, Competition Hotel Rooms, and/or Poms

**Items to be sold:**  
 Collecting donations for face painting at the Trenton Yard Sale and Guthrie Heritage Days Events.

**Beneficiary of fundraising activity:** (Who will receive the benefit of the funds)  
 All Dancers

**Date(s) scheduled:**  
 June-July

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

*LeeAnn Russell*

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

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

**Principal** *[Signature]*

**Date** 5/24/16  
**Date**

**SBDM Council (If Council Policy)** *[Signature]*

**Date** 5/24/16  
**Date**

**Superintendent**

**Date**

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCMS
Activity Account	Dance Team
External Support/Booster Organization	
Name of Fundraiser	Football Concession Stand
Sponsor	Katherine Power Cole
Date Submitted	

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
 Uniforms, Dance wear, Shoes, Competition Fees, Competition Hotel Rooms, and/or Poms

Items to be sold:  
 Concession stand food, snacks, & drinks for TCMS football games.

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

Date(s) scheduled:  
 August-November

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

*Lee Ann Russell*

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 checked="" type="checkbox"/>
Coaches Signature (corresponding sport)		Date

Circle One:

**Approved**

Not Approved

Principal

Date

*5/24/16*

Date

SBDM Council (If Council Policy)

*5/24/16*

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

<b>School</b>	<b>TCMS</b>
<b>Activity Account</b>	<b>Dance Team</b>
<b>External Support/Booster Organization</b>	
<b>Name of Fundraiser</b>	<b>Rebel Tumblers</b>
<b>Sponsor</b>	<b>Katherine Power Cole</b>
<b>Date Submitted</b>	

**Purpose of fundraising activity:** (What will the funds be used for? Be specific)  
**Uniforms, Dance wear, Shoes, Competition Fees, Competition Hotel Rooms, and/or Poms**

**Items to be sold:**  
**Logo Tumblers**

**Beneficiary of fundraising activity:** (Who will receive the benefit of the funds)  
**All Dancers**

**Date(s) scheduled:**  
**August-November**

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

*Leann Russell*

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

Circle One:

Approved

Not Approved

**Principal**

**Date**

*5/24/14*

**Date**

**SBDM Council (If Council Policy)**

*5/24/14*

**Date**

**Superintendent**

**Date**

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

<b>School</b>	<b>TCMS</b>
<b>Activity Account</b>	<b>Dance Team</b>
<b>External Support/Booster Organization</b>	
<b>Name of Fundraiser</b>	<b>Bike Night Donations</b>
<b>Sponsor</b>	<b>Katherine Power Cole</b>
<b>Date Submitted</b>	

**Purpose of fundraising activity:** (What will the funds be used for? Be specific)  
Uniforms, Dance wear, Shoes, Competition Fees, Competition Hotel Rooms, and/or Poms

**Items to be sold:**  
Collecting donations at Elkton's Bike Night

**Beneficiary of fundraising activity:** (Who will receive the benefit of the funds)  
All Dancers

**Date(s) scheduled:**  
August-November

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

Leann Russell

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

Circle One:

Approved

Not Approved

**Principal**

**Date**

5/24/14

**SBDM Council (If Council Policy)**

**Date**

5/24/14

**Superintendent**

**Date**