

JW

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	BAND
External Support/Booster Organization	
Name of Fundraiser	Concessions - July 4th Celebration
Sponsor	Band Boosters
Date Submitted	6/6/16

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
to raise money to help repair and purchase equipment

Items to be sold:  
concessions (hamburgers, cheeseburgers, hot dogs, chips, cotton candy, etc.)

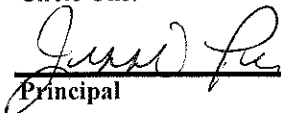
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
ALL TCCHS Marching Band students

Date(s) scheduled:  
3-Jul-16

Names of adult supervisors at activity (chaperones, custodians, etc.):  
Bekey Edwards  
Jill Wyatt  
Kelly Morse  
Heath Edwards

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 6/6/16  
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

✓tw

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	Todd County Central High School
Activity Account	Cheer
External Support/Booster Organization	
Name of Fundraiser	TCCHS t-shirts/apparel
Sponsor	Contessa Orr & Amber Gant
Date Submitted	5/17/16

Purpose of fundraising activity: (What will the funds be used for? Be specific)

The funds from this activity will be used to purchase new uniforms, signs, apparel and other cheer supplies

Items to be sold:

t-shirts and other apparel with TCCHS logo

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

TCCHS Cheer Squad

Date(s) scheduled:

8/9-8/22/16

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

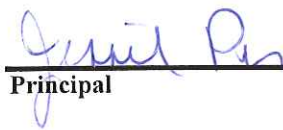
Contessa Orr, Amber Gant

Athletic Fundraiser	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involved:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Corresponding sport participating in fundraiser?		
Contessa Orr, Amber Gant	5/17/16	
Coaches Signature (corresponding sport)	Date	

Circle One:

Approved

Not Approved

  
Principal

Date

5/31/16

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

VK

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	Todd County Central High School
Activity Account	Cheer
External Support/Booster Organization	
Name of Fundraiser	Little Caesars Pizza kits
Sponsor	Contessa Orr & Amber Gant
Date Submitted	5/17/16

Purpose of fundraising activity: (What will the funds be used for? Be specific)

The funds from this activity will be used to purchase new uniforms and other cheer supplies

Items to be sold:

Little Ceasars Pizza Kits

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

TCCHS Cheer Squad

Date(s) scheduled:


7/18 - 7/29/16

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

Contessa Orr, Amber Gant

Athletic Fundraiser	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involved:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Corresponding sport participating in fundraiser?		
Contessa Orr, Amber Gant	5/17/16	
Coaches Signature (corresponding sport)	Date	

Circle One:                      Approved                      Not Approved

  
Principal

Date

5/31/16

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

Kw

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	Todd County Central High School
Activity Account	Cheer
External Support/Booster Organization	
Name of Fundraiser	Little Debbie Snacks
Sponsor	Contessa Orr & Amber Gant
Date Submitted	5/17/16

Purpose of fundraising activity: (What will the funds be used for? Be specific)

The funds from this activity will be used to cover the cost of competition cheer routine camp and other cheer supplies

Items to be sold:  
boxes of Little Debbie Snacks

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

TCCHS Cheer Squad

Date(s) scheduled:

6/20 - 7/1/16

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

Contessa Orr, Amber Gant

Athletic Fundraiser

Yes ☒ No ☐

If yes, sport involved:

Corresponding sport participating in fundraiser?

Yes ☒ No ☐

Contessa Orr, Amber Gant

5/17/16

Coaches Signature (corresponding sport)

Date

Circle One:

Approved

Not Approved

Date

5/31/16

Principal

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

✓  
tw

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

<b>School</b>	TCCHS	
<b>Activity Account</b>	Volleyball	
<b>External Support/Booster</b>	TCA - volleyball	
<b>Name of Fundraiser</b>	July 4th Celebration	
<b>Sponsor</b>		
<b>Date Submitted</b>		

**Purpose of fundraising activity:** (What will the funds be used for? Be specific)

Uniforms, equipment (balls, net, cart)

Water bottles for players

Summer Camp Fees, Tournament Fees

**Items to be sold:**

Drinks during the July 4th Celebration at TCCHS

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

Volleyball players

**Date(s) scheduled:**

3-Jul-16

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

Bret Henderson, Stephanie Conquest, Karen West, Kelly Robinson,

**Athletic Fundraiser**

Yes ☒ No ☐

If yes, sport involved: Volleyball

**Corresponding sport participating in fundraiser?**

Yes ☐ No ☐

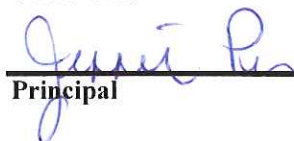
**Coaches Signature (corresponding sport)**

**Date**

Circle One:

Approved

Not Approved

  
Principal

**Date**

5/31/16

**Date**

**SBDM Council (If Council Policy)**

**Date**

**Superintendent**

**Date**