## 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	

Sponsor	Band Boosters	
Date Submitted	6/6/16	
Purpose of fundraising activity: to raise money to help repair	(What will the funds be used for? and purchase equipment	Be specific)
Items to be sold: concessions (hamburgers, che	eeseburgers, hot dogs, chips, cotton candy, et	c.)
Beneficiary of fundraising activity: ALL TCCHS Marching Band	(Who will receive the benefit of the latest students	e funds)
Date(s) scheduled: 3-Jul-16		
Names of adult supervisors at activity (cha Bekcy Edwards Jill Wyatt	aperones, custodians, etc.):	
Kelly Morse Heath Edwards		
Heath Edwards		
Athletic Fundraiser If yes, sport involved:		Yes No X
Corresponding sport participating in fund	Iraiser?	Yes No
Coaches Signature (corresponding sport)		Date
Circle One: Approve	ed Not Approved	Date   6   16
Principal		Date
SBDM Council (If Council Policy)		Date
Superintendent		Date

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School	Todd County Central High Schoo		
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 pur	rchase new uniforms, signs, apparel and	l 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	ne funds)	
Denonciary of fundraising activity.	(who will receive the benefit of the	iv ranusj	
TCCHS Cheer Squad			
Date(s) scheduled: 8/9-8/22/16			
Names of adult supervisors at activity (chaper	ones, custodians, etc.):		
Contessa Orr, Amber Gant			
		W T T	- X T T
Athletic Fundraiser		Yes x	No
If yes, sport involved:	ov?	Vos	No.
Corresponding sport participating in fundrais	er:	Yes x	No
Contessa Orr, Amber Gant			5/17/16
Coaches Signature (corresponding sport)		Da	te
Circle One: Approved	Not Approved	Date	
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Principal		Da	ite
SBDM Council (If Council Policy)		Da	ite
Superintendent		De	nte

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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 pu	rchase new uniforms and other cheer suppl	ies		
Items to be sold: Little Ceasars Pizza Kits				
Beneficiary of fundraising activity:	(Who will receive the benefit of the fu	ınds)		
TCCHS Cheer Squad				
Date(s) scheduled: 7/18 - 7/29/16  Names of adult supervisors at activity (chapet	rones, custodians, etc.):			
Contessa Orr, Amber Gant				
Athletic Fundraiser		Yes	x N	lo
If yes, sport involved:				
Corresponding sport participating in fundrai	ser?	Yes	x N	lo 🔲
Contessa Orr, Amber Gant			5/17	7/16
Coaches Signature (corresponding sport)	A STATE OF THE STA		Date	
Circle One: Approved	Not Approved			
Q., ', O			Date 5/31/1	6
Principal			Date	
SBDM Council (If Council Policy)		(S	Date	
Superintendent			Date	

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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 spe	ecific)	
The funds from this activity will be used to co	ver the cost of competition cheer routine camp	and other cheer sup	plies
Items to be sold: boxes of Little Debbie Snacks			
Beneficiary of fundraising activity:	(Who will receive the benefit of the fund	ds)	
TCCHS Cheer Squad			
Names of adult supervisors at activity (chaper Contessa Orr, Amber Gant	ones, custodians, etc.):		
Athletic Fundraiser If yes, sport involved:		Yes x	No
Corresponding sport participating in fundrais	ser?	Yes x	No
Contessa Orr, Amber Gant			5/17/16
Coaches Signature (corresponding sport)		Da	te
Circle One: Approved	Not Approved	Date	
Junia Pen		5/3	317.0
Principal		Da	ie:
SBDM Council (If Council Policy)		Da	te
Superintendent		Da	te

## SCHOOL ACTIVITY FUND FUNDRAISER APPROVAL

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School TCCHS				
Activity Account Volleyball				
External Support/Booster TCA - volleyball				
Name of Fundraiser July 4th Celebration				
Sponsor				
Date Submitted				
Purpose of fundraising activity:	(What will the funds be used for? Be s	pecific)		
Uniforms, equipment (balls, net, cart)				
Water bottles for players				ALIES AND THE
Summer Camp Fees, Tournament Fees		Control Control		
Items to be sold: Drinks during the July 4th Celebration at TCCH	S			
Beneficiary of fundraising activity: Volleyball players	(Who will receive the benefit of the fu	nds)		
Names of adult supervisors at activity (chaperone Bret Henderson, Stephanie Conquest, Karen Wes			9	
Athletic Fundraiser If yes, sport involved: Volleyball		Yes	X	No
Corresponding sport participating in fundraiser?		Yes		No
Coaches Signature (corresponding sport)			Date	
Circle One: Approved	Not Approved		Date	14
Principal		-	Date	طا
SBDM Council (If Council Policy)		_	Date	
Superintendent	· · · · · · · · · · · · · · · · · · ·	_	Date	