

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCMS
Activity Account	Dance
External Support/Booster Organization	
Name of Fundraiser	Little Debbie
Sponsor	Katherine Power
Date Submitted	8/1/2016

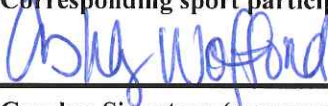
Purpose of fundraising activity: (What will the funds be used for? Be specific)
Uniforms for dance team members

Items to be sold:
Little Debbie Snack Cakes

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

Date(s) scheduled:
Immediately

Names of adult supervisors at activity (chaperones, custodians, etc.):
Katherine Power, Ashly Wofford

Athletic Fundraiser	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If yes, sport involved: Dance Team				
Corresponding sport participating in fundraiser?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
				
Coaches Signature (corresponding sport)			8/1/2016	
			Date	

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


Principal

_____ Date

_____ Date

SBDM Council (If Council Policy)

_____ Date

Superintendent

_____ Date