

VJW

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

| | | |
|--|--------------------------|--|
| School | Todd County Central High | |
| Activity Account | Band | |
| External Support/Booster Organization | | |
| Name of Fundraiser | Trash Bags | |
| Sponsor | Jeff Williams | |
| Date Submitted | 8/9/2016 | |

Purpose of fundraising activity: (What will the funds be used for? Be specific)
Funds will benefit all aspects of the band program, including music, marching equipment, instruments, supplies, etc.

Items to be sold:
Trash Bags

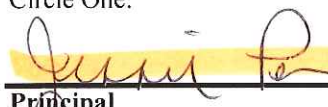
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
The students in the Band Program

Date(s) scheduled:
Tentatively: September 9 - September 30, 2016

Names of adult supervisors at activity (chaperones, custodians, etc.):
Jeff Williams - Band Director

| | | |
|---|------------------------------|--|
| 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** _____ **Date**

 _____ **Date**

Principal

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

Superintendent **Date**

✓
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**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

| | |
|---------------------------------------|-------------------------|
| School | TCHS |
| Activity Account | Boy's Baseball |
| External Support/Booster Organization | |
| Name of Fundraiser | Pork Chop Sandwich meal |
| Sponsor | Melissa Weathers |
| Date Submitted | 6-Sep-16 |

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 To raise money for the 2017 Baseball season such as travel, meals, uniforms, equipment, etc.

Items to be sold:
 Pork Chop meal including pork chop sandwich, chips, dessert, and drink

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

Date(s) scheduled:
 30-Sep-16

Names of adult supervisors at activity (chaperones, custodians, etc.):
 Charles Killebrew
 Melissa Weathers

| | | |
|---|---|-----------------------------|
| Athletic Fundraiser | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| If yes, sport involved: | | |
| Corresponding sport participating in fundraiser? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <i>Melissa D. Weathers</i> | | 9-16-16 |
| Coaches Signature (corresponding sport) | | Date |

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

Jessie R

 Principal

Date 9/16/16
Date

 SBDM Council (If Council Policy)

Date

 Superintendent

Date

Kw

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

| | |
|--|-----------------|
| School | TCCHS |
| Activity Account | Baseball |
| External Support/Booster Organization | |
| Name of Fundraiser | Golf Tournament |
| Sponsor | Billy Killebrew |
| Date Submitted | 8-Sep-16 |

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 The purpose of this fundraiser is to purchase equipment, uniforms, etc.

Items to be sold:
 Round of Golf

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

Date(s) scheduled:
 15-Oct-16

Names of adult supervisors at activity (chaperones, custodians, etc.):
 Billy Killebrew
 Marnie Broady

| | | |
|---|---|-----------------------------|
| Athletic Fundraiser | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| If yes, sport involved Baseball | | |
| Corresponding sport participating in fundraiser? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| <i>Billy Killebrew</i> | | 9/7/2016 |
| Coaches Signature (corresponding sport) | | Date |

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

| | |
|---|-------------|
| <i>Jessie P.</i> | Date |
| Principal | Date |
| SBDM Council (If Council Policy) | Date |
| Superintendent | Date |

VW

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

| | |
|--|---------------------------------|
| School | Todd County Central High School |
| Activity Account | Girl's Basketball |
| External Support/Booster Organization | Girl's Basketball |
| Name of Fundraiser | Carwash |
| Sponsor | Steven McGhee |
| Date Submitted | 8/25/16 |

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 These funds will be used to help pay for gear for the upcoming year.

Items to be sold:
 Washing cars at the local courthouse

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 Girl's Basketball

Date(s) scheduled:
 September

Names of adult supervisors at activity (chaperones, custodians, etc.):
 Steven McGhee
 Holly Simons
 Andrea Milkowski

| | | | | |
|---|-----|-------------------------------------|----|--------------------------|
| Athletic Fundraiser | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| If yes, sport involved: Basketball | | | | |
| Corresponding sport participating in fundraiser? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Coaches Signature (corresponding sport) Steven McGhee **Date**

Circle One: Approved Not Approved **Date**

Date

Principal

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

Superintendent **Date**

SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL

Handwritten initials

| | |
|---------------------------------------|---------------------------------|
| School | Todd County Central High School |
| Activity Account | Girl's Basketball |
| External Support/Booster Organization | Girl's Basketball I |
| Name of Fundraiser | Harvest Fest |
| Sponsor | Steven McGhee |
| Date Submitted | 8/25/16 |

Purpose of fundraising activity: (What will the funds be used for? Be specific)
These funds will be used to help purchase socks for next year,

Items to be sold:
Funnel Cakes, Caramel Apples, apparel

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
Girl's Basketball

Date(s) scheduled:
1-Oct

Names of adult supervisors at activity (chaperones, custodians, etc.):
Steven McGhee
Holly Simons
Andrea Milkowski

| | | | | |
|--|-----|-------------------------------------|----|--------------------------|
| Athletic Fundraiser | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| If yes, sport involved: Basketball | | | | |
| Corresponding sport participating in fundraiser? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Coaches Signature (corresponding sport) Steven McGhee Date

Circle One: Approved Not Approved Date

[Signature]
Principal Date

SBDM Council (If Council Policy) Date

Superintendent Date

VW

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

| | |
|--|---------------------------------|
| School | Todd County Central High School |
| Activity Account | Girl's Basketball |
| External Support/Booster Organization | Girl's Basketball |
| Name of Fundraiser | 10 for 10 |
| Sponsor | Steven McGhee |
| Date Submitted | 8/25/16 |

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 These funds will be used to help purchase shoes for this year.

Items to be sold:
 Asking for donations of \$10 from 10 people.

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 Girl's Basketball

Date(s) scheduled:
 September

Names of adult supervisors at activity (chaperones, custodians, etc.):
 Steven McGhee
 Holly Simons
 Andrea Milkowski

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

Circle One: **Approved** **Not Approved** _____ **Date**

_____ **Date**

SBDM Council (If Council Policy) _____ **Date**

Superintendent _____ **Date**

V
W

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

| | |
|---------------------------------------|---------------------------------|
| School | Todd County Central High School |
| Activity Account | Girl's Basketball |
| External Support/Booster Organization | Girl's Basketball |
| Name of Fundraiser | Banners |
| Sponsor | Steven McGhee |
| Date Submitted | 8/25/16 |

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 These funds are to be used to help purchase travel suits, shoes, and t-shirts for the team.

Items to be sold:
 Banners to business and ads in the basketball program.

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 Girl's Basketball and Boy's Basketball

Date(s) scheduled:
 September and October

Names of adult supervisors at activity (chaperones, custodians, etc.):
 Steven McGhee
 Holly Simons
 Andrea Milkowski

| | | | | |
|--|---------------|-------------------------------------|----|--------------------------|
| Athletic Fundraiser | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| If yes, sport involved: Girl's Basketball | | | | |
| Corresponding sport participating in fundraiser? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Boy's Basketball | | | | |
| Coaches Signature (corresponding sport) | Steven McGhee | | | Date |

Circle One: Approved Not Approved

Jessie D. _____ Date

Principal _____ Date

SBDM Council (If Council Policy) _____ Date

Superintendent _____ Date

VW

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

| | |
|---------------------------------------|---------------------------------|
| School | Todd County Central High School |
| Activity Account | Girl's Basketball |
| External Support/Booster Organization | Girl's Basketball |
| Name of Fundraiser | Discount Cards |
| Sponsor | Steven McGhee |
| Date Submitted | 8/25/16 |

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 These funds will help pay for hotel rooms for Christmas Tournament.

Items to be sold:
 Discount cards that will have discounts to local businesses. Sold for \$10 a piece.

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 Girl's Basketball

Date(s) scheduled:
 September and October

Names of adult supervisors at activity (chaperones, custodians, etc.):
 Steven McGhee
 Holly Simons
 Andrea Milkowski

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

Circle One: Approved Not Approved

[Signature] _____ Date _____
 Principal

SBDM Council (If Council Policy) _____ Date _____

Superintendent _____ Date _____

VSD

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

| | |
|--|---------------------------------|
| School | Todd County Central High School |
| Activity Account | Girl's Basketball |
| External Support/Booster Organization | Girl's Basketball |
| Name of Fundraiser | Clothing and Athletic Apparel |
| Sponsor | Steven McGhee |
| Date Submitted | 8/18/16 |

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 The funds from this fundraiser will go to helping pay for apparel for the team during the 2016-2017 season.

Items to be sold:
 Each individual will sell items that will be either clothing, athletic apparel, or stadium chairs.

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 Girl's Basketball

Date(s) scheduled:
 September and October 2016

Names of adult supervisors at activity (chaperones, custodians, etc.):
 Steven McGhee
 Holly Simons
 Andrea Milkowski

| | | | | |
|---|-----|-------------------------------------|----|-------------------------------------|
| Athletic Fundraiser | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| If yes, sport involved: Girl's Basketball | | | | |
| Corresponding sport participating in fundraiser? | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |

Coaches Signature (corresponding sport) Steven McGhee **Date**

Circle One: Approved Not Approved **Date**

Date

Principal **Date**

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

Superintendent **Date**

✓
TW

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

| | |
|---------------------------------------|---------------------|
| School | TCCHS |
| Activity Account | FFA |
| External Support/Booster Organization | |
| Name of Fundraiser | Apparel |
| Sponsor | B. White/J. Gilliam |
| Date Submitted | 24-Aug-16 |

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 To provide all FFA members with an FFA tshirt

Items to be sold:
 FFA t-shirts

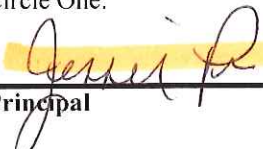
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 FFA students - agriculture students

Date(s) scheduled:
 September 2016- May 2017

Names of adult supervisors at activity (chaperones, custodians, etc.):
 Brooke White
 Julie Gilliam

| | | |
|---|------------------------------|--|
| 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**

 _____ **Date**

Principal _____ **Date**

_____ **Date**

SBDM Council (If Council Policy) _____ **Date**

_____ **Date**

Superintendent _____ **Date**

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

W

| | |
|---------------------------------------|---------------------|
| School | TCCHS |
| Activity Account | FFA |
| External Support/Booster Organization | |
| Name of Fundraiser | Fruit Sales |
| Sponsor | B. White/J. Gilliam |
| Date Submitted | 24-Aug-16 |

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 Students will sell fruit to raise money to pay for students to participate in field trips and compete in contests

Items to be sold:

Fruit

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 Students participating in ag classes

Date(s) scheduled:
 November - December 2016

Names of adult supervisors at activity (chaperones, custodians, etc.):
 Brooke White
 Julie Gilliam

| | | |
|---|------------------------------|--|
| 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**

Julie Gilliam
 Principal

Date

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

K
W

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

| | |
|---------------------------------------|---------------------|
| School | TCCHS |
| Activity Account | FFA |
| External Support/Booster Organization | |
| Name of Fundraiser | Greenhouse Sales |
| Sponsor | B. White/J. Gilliam |
| Date Submitted | 24-Aug-16 |

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 Students grow and sell the plants to the community to raise money for ag classes

Items to be sold:
 Plants propagated in greenhouse

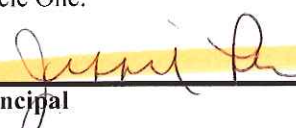
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 Ag classes

Date(s) scheduled:
 March 2017-May 2017

Names of adult supervisors at activity (chaperones, custodians, etc.):
 Brooke White
 Julie Gilliam

| | | |
|---|------------------------------|--|
| 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**

 _____ **Date**

Principal _____ **Date**

SBDM Council (If Council Policy) _____ **Date**

Superintendent _____ **Date**

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**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

| | |
|---------------------------------------|---------------------|
| School | TCCHS |
| Activity Account | FFA |
| External Support/Booster Organization | |
| Name of Fundraiser | Banquet Sponsors |
| Sponsor | B. White/J. Gilliam |
| Date Submitted | 24-Aug-16 |

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 Sponsorships for annual FFA parent/member banquet

Items to be sold:
 Sponsorships/donations


Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 FFA banquet and students receiving awards

Date(s) scheduled:
 May-17

Names of adult supervisors at activity (chaperones, custodians, etc.):
 Brooke White
 Julie Gilliam

| | | |
|---|------------------------------|--|
| 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**

 _____ **Date**

Principal _____ **Date**

SBDM Council (If Council Policy) _____ **Date**

Superintendent _____ **Date**

TW

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

| | |
|---------------------------------------|---------------------|
| School | TCCHS |
| Activity Account | FFA |
| External Support/Booster Organization | |
| Name of Fundraiser | Shop Projects |
| Sponsor | B. White/J. Gilliam |
| Date Submitted | 24-Aug-16 |

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

Students will sell projects constructed in the ag shop
cornhole boards, picnic tables, birdhouses, etc.

Items to be sold:

Shop Projects - cornhold boards, picnic tables, birdhouse, and any other projects made by the students

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

FFA and Ag shop students

Date(s) scheduled:

September 2016- May 2017

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

Brooke White

Julie Gilliam

| | | |
|--|------------------------------|--|
| 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

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

Handwritten initials

| | |
|---------------------------------------|-------------------|
| School | TCCHS |
| Activity Account | FFA |
| External Support/Booster Organization | |
| Name of Fundraiser | Dairy Queen Cards |
| Sponsor | Gilliam/White |
| Date Submitted | 24-Aug-16 |

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 Students will sale dairy queen bogo cards, to raise a profit to support ag classes.

Items to be sold:
 Dairy Queen BOGO cards

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

Date(s) scheduled:
 August - Dec 2016

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

| | | |
|--|------------------------------|--|
| 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

Jennifer R. _____ Date _____
 Principal

SBDM Council (If Council Policy) _____ Date _____

Superintendent _____ Date _____

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

SW

| | |
|---------------------------------------|-------------------|
| School | TCCHS |
| Activity Account | TCCHS PTO |
| External Support/Booster Organization | |
| Name of Fundraiser | Sport Decal Sales |
| Sponsor | Faye Turnbaugh |
| Date Submitted | 17-Aug-16 |

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

To purchase school supplies, etc to be used by teachers and students

Items to be sold:

Sport window decals made by Max Graphics

Beneficiary of fundraising activity:

(Who will receive the benefit of the funds)

TCCHS Staff and Students

Date(s) scheduled:

At all home sports games throughout 2016-2017 school year

To begin after board approval

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

Faye Turnbaugh

Janet Smith

Melissa Morgan

Julie Knight

| | | |
|--|------------------------------|--|
| 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

Janet R
Principal

Date

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

i/cw

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

| | |
|---------------------------------------|---|
| School | Todd County Central High School and Todd County Middle School |
| Activity Account | Funds accepted but canned goods mandatory |
| External Support/Booster Organization | Rebels for Christ |
| Name of Fundraiser | TURKEY BOWL |
| Sponsor | Jon Brodeur, Elkton Baptist. Rebels for Christ |
| Date Submitted | 8/12/2016 |

Purpose of fundraising activity: (What will the funds be used for? Be specific)
An Thanksgiving assembly will be held by Rebels for Christ during the school day. Students and staff will be encouraged to participate in the fun activities offered. All Students will be asked to bring three canned goods to the assembly. Canned goods will be sorted out by Rebels for Christ student members and donated to Todd County families in need of food for the Thanksgiving season.

Items to be sold:
Donations will be accepted, especially other than listed above.

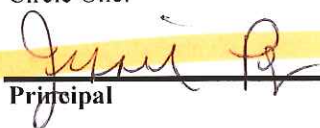
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
Todd County families in need of food for the Thanksgiving season; Rebels for Christ organization will receive any monetary donations.

Date(s) scheduled:
November 21st @ TCMS and November 22nd @ TCCHS

Names of adult supervisors at activity (chaperones, custodians, etc.):
Jon Brodeur and Robbie Weathers

| | | |
|---|------------------------------|--|
| 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"/> |
| Jon Brodeur | 8/12/2016 | |
| Coaches Signature (corresponding sport) | Date | |

Circle One: **Approved** **Not Approved** _____ **Date**

 _____ **Date**

Principal

SBDM Council (If Council Policy) _____ **Date**

Superintendent _____ **Date**

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

AW

| | |
|---------------------------------------|----------------------------|
| School | TCCHS |
| Activity Account | Boy's Soccer/Girl's Soccer |
| External Support/Booster Organization | |
| Name of Fundraiser | T-shirts |
| Sponsor | Kevin Harris/Riann Price |
| Date Submitted | 9-Sep-16 |


Purpose of fundraising activity: (What will the funds be used for? Be specific)
To raise money for the soccer teams for equipment etc.

Items to be sold:
District tournament t-shirts

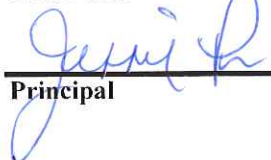
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
Boy's and Girl's soccer teams

Date(s) scheduled:
October 10th-14th

Names of adult supervisors at activity (chaperones, custodians, etc.):
Kevin Harris
Riann Price
Cindy Law
David Stooksbury

| | | |
|---|---|-----------------------------|
| Athletic Fundraiser If yes, sport involved Boy's and Girl's soccer | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Corresponding sport participating in fundraiser?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Coaches Signature (corresponding sport) | Date 9-9-16 | |

Circle One: Approved Not Approved


Principal

Date
9/9/16
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date