School	Todd County Central High School	and Todd County N	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. Rebe	ls for Christ	
Date Submitted	8/12/2016		
Purpose of fundraising activity: An Thanksgiving assembly will be held by Rel encouraged to participate in the fun activities Canned goods will be sorted out by Rebels for	offered. All Students will be asked to be Christ student members and donated t	udents and staff wi	
Todd County families in need of food for the T	hanksgiving season.		
Items to be sold: Donations will be accepted, especially other th	an listed above.		
Beneficiary of fundraising activity: Todd County families in need of food for the Tany monetary donations, 10 be used for -			ceive
Date(s) scheduled: November 21st @ TCMS and November 22nd Names of adult supervisors at activity (chaper			
Jon Brodeur and Robbie Weathers			
Athletic Fundraiser		Yes	No
If yes, sport involved:		105	
Corresponding sport participating in fundrais	er?	Yes	No
Jon Brodeur			8/12/201
Coaches Signature (corresponding sport)			Date
Circle One: Approved Principal	Not Approved		Date State
SBDM Council (If Council Policy)			Date
Superintendent			Date

l j	EXIMPO A FOED A DEDOMAR	
	FUNDRAISER APPROVAL	
School	Todd County Middle School	
Activity Account	Band	
External Support/Booster Organization	N/A	
Name of Fundraiser	Century Resources fundraiser	
Sponsor	Carmichael	
Date Submitted	19-Jul-16	
Purpose of fundraising activity:	(What will the funds be used for? B	
Funds will be used to purchase new music, i		
costs in student and director travel, food ex	penses, and/or event fees throughout the	school year.
,		
Items to be sold: Food products (cheese, sausage, cookie doug	oh. etc.) from a catelog,	
roou products (cheese, sausage, cooke doug	gn, etc., nom a caterog.	
		. Manual III III II
Beneficiary of fundraising activity:	(Who will receive the benefit of the	funds)
TCMS Band		
Date(s) scheduled:		
September 2016 start date		
Names of adult supervisors at activity (chap	naranas austadians ata):	
	bei ones, custoulans, etc.).	
Carmichael	perones, custourans, etc.).	
	per ones, custodians, etc.).	
	gerones, custodians, etc.).	
	per ones, custodians, etc.).	
,	per ones, custodians, etc.).	
,	per ones, custodians, etc.).	Yes No X
Carmichael Athletic Fundraiser If yes, sport involved:		Yes No X
Carmichael Athletic Fundraiser		Yes No X
Carmichael Athletic Fundraiser If yes, sport involved:		Yes No X
Carmichael Athletic Fundraiser If yes, sport involved:		
Carmichael Athletic Fundraiser If yes, sport involved:		Yes No X
Athletic Fundraiser If yes, sport involved: Corresponding sport participating in fundra		Yes No X 9-1-16
Athletic Fundraiser If yes, sport involved: Corresponding sport participating in fundra		Yes No X 9-1-16
Athletic Fundraiser If yes, sport involved: Corresponding sport participating in fundration of the corresponding sport of the cor	aiser?	Yes No X 9-1-16 Date
Athletic Fundraiser If yes, sport involved: Corresponding sport participating in fundration of the corresponding sport of the cor	aiser?	Yes No X 9-1-16 Date
Athletic Fundraiser If yes, sport involved: Corresponding sport participating in fundration of the corresponding sport of the cor	aiser?	Yes No X 9-1-16 Date
Athletic Fundraiser If yes, sport involved: Corresponding sport participating in fundration Coaches Signature (corresponding sport) Circle One: Approved	aiser?	Yes No X 9-1-16 Date Date 9/4/16
Athletic Fundraiser If yes, sport involved: Corresponding sport participating in fundration Coaches Signature (corresponding sport) Circle One: Approved	aiser?	Yes No X 9-1-16 Date Date 9/4/16
Athletic Fundraiser If yes, sport involved: Corresponding sport participating in fundrations Coaches Signature (corresponding sport) Circle One: Approved	aiser?	Yes No X 9-1-16 Date Date 9/4/16
Athletic Fundraiser If yes, sport involved: Corresponding sport participating in fundration Coaches Signature (corresponding sport) Circle One: Approved	aiser?	Yes No X 9-1-16 Date Date 9/4/11 Date
Athletic Fundraiser If yes, sport involved: Corresponding sport participating in fundrations Coaches Signature (corresponding sport) Circle One: Approved	aiser?	Yes No X 9-1-16 Date Date 9/4/16 Date

School	Todd County Middle School		
Activity Account	Art		
External Support/Booster Organization			
Name of Fundraiser	Paint Party		
Sponsor	Amanda McNeal		
Date Submitted	8/24/2016		
Purpose of fundraising activity: The funds generated will be used to purchase after-school events/trips	(What will the funds be used for? Bart supplies and equipment as needed for		ss and/or Art-sponsorec
Items to be sold: canvas art painted by participants			
Beneficiary of fundraising activity: Todd County Middle School Students	(Who will receive the benefit of the	funds)	
Date(s) scheduled: October 2016- May 2017 (monthly) Names of adult supervisors at activity (chaper Amanda McNeal	ones, custodians, etc.):		
Athletic Fundraiser If yes, sport involved:		Yes	No x
Corresponding sport participating in fundrais	ser?	Yes	No x 8/24/14
Coaches Signature (corresponding sport)			Date
Circle One: Approved Principal	Not Approved		Date Columbia Date
SBDM Council (If Council Policy)			Date
Superintendent			Date

School	Todd County Middle School			
Activity Account	PTO			
External Support/Booster Organization				
Name of Fundraiser	Fall Fundraiser	· · · · · · · · · · · · · · · · · · ·		
Sponsor	Tracie Paine			
Date Submitted	7/5/2016			
Purpose of fundraising activity: To raise funds for Student Activities and supplies	(What will the funds be used for? Be specific)			
Items to be sold: Popcorn and Cookie Dough				
Beneficiary of fundraising activity: Todd County Middle School students	(Who will receive the benefit of the funds)			
Date(s) scheduled: September 1-14, 2016 10 20 27 Names of adult supervisors at activity (chaperone Tracie Paine and Tammy SiscoPTO	es, custodians, etc.):			
Athletic Fundraiser If yes, sport involved:		Yes		No x
Corresponding sport participating in fundraiser?		Yes		No x
Coaches Signature (corresponding sport)			Date	
Circle One: Approved Principal	Not Approved		Date の Date	3/16
SBDM Council (If Council Policy)			Date	
Superintendent			Date	

School	TCMS	
Activity Account	Archery	
External Support/Booster Organization		
Name of Fundraiser	Donation Solicitation	1-0-2
Sponsor	Shannon Jolicoeur	
Date Submitted	22-Aug-16	
Purpose of fundraising activity: Funds from this fundraiser will be used for the arrows, bows, team apparel, entry fees, tools, b		arget facings,
containers, arrow replacement parts.	<u> </u>	
containers, arrow replacement parts.		
Items to be sold: Donations will be solicited from parents, busines These solicitations will take place twice a year. Beneficiary of fundraising activity: The TCMS Archery Team will be the benefician	(Who will receive the benefit of the	funds)
Date(s) scheduled: October 10, 2016-October 21, 2016 April 10 2017-April 21, 2017 Names of adult supervisors at activity (chapero Shannon Jolicoeur and Angie Craig	ones, custodians, etc.):	3'
Athletic Fundraiser If yes, sport involved: Archery		Yes X No
Corresponding sport participating in fundraise	er?	Yes No
Shannen Joleanur Coaches Signature (corresponding sport)		X/22/16 Date
Circle One: Approved Principal	Not Approved	Date 8/22/16 Date
SBDM Council (If Council Policy)		Date
Superintendent		Date

School	Todd County Mide	dle School		
Activity Account	Media Center			
External Support/Booster Organization				
Name of Fundraiser	Bookfair			
Sponsor	Melanie Vincent			
Date Submitted	15-Aug-16	i		
Purpose of fundraising activity: To generate funds to use for supplies, books, a	and furnishings in the media center.			
Items to be sold: books, bookmarkers,	pens, pencils			
Beneficiary of fundraising activity:	Media Center			
Date(s) scheduled: October and March				
Names of adult supervisors at activity (chaper	ones, custodians, etc.):	Melanie V	incent, F	PTO volunteers
Athletic Fundraiser		Yes	Ш	No X
If yes, sport involved:			_	, F
Corresponding sport participating in fundrais	ser?	Yes		No
Coaches Signature (corresponding sport)			Da	te
Circle One: Approved	Not Approved		Date	8/22/16
Principal		•	Da	
SBDM Council (If Council Policy)		-	Da	te
Superintendent (If School-Wide Fundraiser)		-	Da	to

School	TCMS		
Activity Account	Yearbook		
External Support/Booster Organization			
Name of Fundraiser	Photo Activity		
Sponsor	Nikki Andrews	·	
Date Submitted	8/6/2016		
Purpose of fundraising activity: To raise funds for Yearbook Account	(What will the funds be used for	or? Be specific)	
Items to be sold: Pictures of events, promotion, programs, buddactivities.	ly photos, dance, sporting events, ext	racurricular, and	other school related
Beneficiary of fundraising activity: Yearbook	(Who will receive the benefit o	f the funds)	
Date(s) scheduled: August 2016May 2017 Names of adult supervisors at activity (chaper Nikki Andrews	ones, custodians, etc.):		
Athletic Fundraiser		Yes	No
If yes, sport involved: Corresponding sport participating in fundrais	er?	Yes	No
Coaches Signature (corresponding sport)			Date
Circle One: Approved Sponsor (Requested by) Principal	Not Approved		Date 8/6/2016 Date 8/2 2/16 Date
SBDM Council (If Council Policy)			Date
Superintendent			Date

School	TCMS	
Activity Account	Rebel Depot	
External Support/Booster Organization		
Name of Fundraiser	Bookstore	
Sponsor	Mrs. Power	
Date Submitted	###	
Purpose of fundraising activity: The bookstore is being generated to show kids how the store works. (General Manager, Sales Shift Ma		terpruership, jobs, responsibilities, and h
Items to be sold: Pens, pencils, erasers, paper, spiral notebooks, bine sharpies,	ders, markers, ear buds, flashdriv	es, index cards, posters, white out,
Beneficiary of fundraising activity: The funds are used to buy more supplies for the sto	(Who will receive the benefit of tore. This is not a fundraiser, I am	
Date(s) scheduled: Month of September		
Names of adult supervisors at activity (chaperones Mrs. Power	s, custodians, etc.):	
Athletic Fundraiser		Yes No x
If yes, sport involved: Corresponding sport participating in fundraiser?	\mathcal{O}	Yes No x
Coaches Signature (corresponding sport) Au	ndy Fower	Date
Circle One: Approved Sponsor (Requested by) Principal	Not Approved	Date 9 - 12 - 14 Date 9 / 13/14 Date
SBDM Council (If Council Policy)		Date

School	TCMS		
Activity Account	BETA CLUB		
External Support/Booster Organization			
Name of Fundraiser	Matchmaker		
Sponsor	Power		
Date Submitted	###		
Purpose of fundraising activity: To raise money for decorations for the Valent	(What will the funds be used fines Dance that is sponsored by BET	=	
Items to be sold: Matchmaker results from a survey that they s	students complete		
Beneficiary of fundraising activity: BETA and the entire student body	(Who will receive the benefit o	of the funds)	
Date(s) scheduled: Jan-17			
Names of adult supervisors at activity (chaper Power	rones, custodians, etc.):		
Athletic Fundraiser		Yes	No x
If yes, sport involved:			
Corresponding sport participating in fundrai	ser?	Yes	No x
Coaches Signature (corresponding sport)	endy fover	Date	В
Circle One: Approved Sardy Rown	Not Approved	Date 9	e -12 -16
Sponsor (Requested by Principal	<u>y)</u>	Dat	-13-16
1 i inespai			
SBDM Council (If Council Policy)		Dat	e :

School	TCMS	
Activity Account	BETA CLUB	
External Support/Booster Organization		
Name of Fundraiser	Valentine's Dance/Candidates	
Sponsor	Power	
Date Submitted	###	
Purpose of fundraising activity: To raise money for students of TCMS to purchase	(What will the funds be used for? Bo items for the school that is available	
Items to be sold: Candidates will be chosen from each grade level. (having a winner. There will be a dance a	3 girls and 3 boys). They will raise mend concessions to recognize Valentin	oney for votes with each grade level
Beneficiary of fundraising activity: BETA and the entire student body	(Who will receive the benefit of the	unds)
Date(s) scheduled: Feb-17 Names of adult supervisors at activity (chaperones Power, Cherry)	, custodians, etc.):	
Athletic Fundraiser If yes, sport involved: Corresponding sport participating in fundraiser?		Yes No x Yes No x
Coaches Signature (corresponding sport)		Date
Sponsor Approved Approved (Requested by)	Not Approved	Date 9-12-16 Date
Principal Principal		9/13/16 Date
SBDM Council (If Council Policy)		Date

School	TCMS		
Activity Account	BETA CLUB		
External Support/Booster Organization			
Name of Fundraiser	Cancer fundraiser		
Sponsor	Power		
Date Submitted	###		
Purpose of fundraising activity: BETA students will be raising money to show away	(What will the funds be used for? reness of cancer and participate in		ice activity
Items to be sold: Raising money to show awareness of cancer. Contr	ibutions will be collected		
Beneficiary of fundraising activity: All funds will be sent to Cancer Society	(Who will receive the benefit of th	e funds)	
Date(s) scheduled: Mar-17 Names of adult supervisors at activity (chaperones Power, Cherry)	, custodians, etc.):		
Athletic Fundraiser		Yes	No x
If yes, sport involved: Corresponding sport participating in fundraiser?	<u> </u>	Vas I	No V
Corresponding sport participating in fundraiser?		Yes	No x
l			
	· · · · · · · · · · · · · · · · · · ·		D-4-
Coaches Signature (corresponding sport)	ndy Howen		Date
Circle One: Approved	Not Approved		Date
Sandylowa			9-12-16
Sponsor (Requested by)			Date 9/13/16
			01/11/11
JA			
Principal			Date
SBDM Council (If Council Policy)			Date
•			