

**SCHOOL ACTIVITY FUND
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? Be specific)
 Funds will be used to purchase new music, instruments, and supplies for the band. In addition, funds will help offset costs in student and director travel, food expenses, and/or event fees throughout the school year.

Items to be sold:
 Food products (cheese, sausage, cookie dough, etc.) from a catalog.

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 (chaperones, custodians, etc.):
 Carmichael

Athletic Fundraiser Yes No

If yes, sport involved:

Corresponding sport participating in fundraiser? Yes No

Coaches Signature (corresponding sport)  Date 9-1-16

Circle One: Approved Not Approved

Principal  Date 9/6/16

SBDM Council (If Council Policy) Date

Superintendent Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

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: (What will the funds be used for? Be specific)
 The funds generated will be used to purchase art supplies and equipment as needed for use during art class and/or Art-sponsored after-school events/trips

Items to be sold:
 canvas art painted by participants


Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 Todd County Middle School Students

Date(s) scheduled:
 October 2016- May 2017 (monthly)

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

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"/>
	8/24/16	
Coaches Signature (corresponding sport)	Date	

Circle One: Approved Not Approved

	Date
Principal	9/6/16
_____	Date
SBDM Council (If Council Policy)	Date
_____	Date
Superintendent	Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

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: (What will the funds be used for? Be specific)
 To raise funds for Student Activities and supplies

Items to be sold:
 Popcorn and Cookie Dough

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 Todd County Middle School students

Date(s) scheduled:
 September ~~1-14~~, 2016

~~15-27~~ 20-27

Names of adult supervisors at activity (chaperones, custodians, etc.):
 Tracie Paine and Tammy Sisco--PTO

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 8/8/16

SBDM Council (If Council Policy) _____ Date _____

Superintendent _____ Date _____

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCMS
Activity Account	Archery
External Support/Booster Organization	
Name of Fundraiser	Donation Solicitation
Sponsor	Shannon Jolicoeur
Date Submitted	22-Aug-16

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 Funds from this fundraiser will be used for the purchase of equipment such as targets, target facings,
 arrows, bows, team apparel, entry fees, tools, bow string, arrow rests, fletching, glue, storage
 containers, arrow replacement parts.

Items to be sold:
 Donations will be solicited from parents, business, and individuals in the community.
 These solicitations will take place twice a year.

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 The TCMS Archery Team will be the beneficiary from the donations and events.

Date(s) scheduled:
 October 10, 2016-October 21, 2016
 April 10 2017-April 21, 2017

Names of adult supervisors at activity (chaperones, custodians, etc.):
 Shannon Jolicoeur and Angie Craig

Athletic Fundraiser	Yes	<input checked="" type="checkbox"/>	No
If yes, sport involved: <i>Archery</i>			
Corresponding sport participating in fundraiser?	Yes	<input type="checkbox"/>	No
<i>Shannon Jolicoeur</i>			<i>8/22/16</i>
Coaches Signature (corresponding sport)			Date

Circle One: Approved Not Approved

J. By _____ Date *8/22/16*
 Principal Date

 SBDM Council (If Council Policy) Date

 Superintendent Date

SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL

School	Todd County Middle School
Activity Account	Media Center
External Support/Booster Organization	
Name of Fundraiser	Bookfair
Sponsor	Melanie Vincent
Date Submitted	15-Aug-16

Purpose of fundraising activity:

To generate funds to use for supplies, books, 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 (chaperones, custodians, etc.): Melanie Vincent, PTO volunteers

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 8/22/16

SBDM Council (If Council Policy) _____ Date _____

Superintendent (If School-Wide Fundraiser) _____ Date _____

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

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: (What will the funds be used for? Be specific)
 To raise funds for Yearbook Account

Items to be sold:
 Pictures of events, promotion, programs, buddy photos, dance, sporting events, extracurricular, and other school related activities.


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

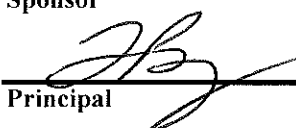
Date(s) scheduled:
 August 2016--May 2017

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

Athletic Fundraiser	Yes <input type="checkbox"/>	No <input 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

Sponsor  (Requested by) Date 8/6/2016

Principal  Date 8/22/16

SBDM Council (If Council Policy) Date

Superintendent Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCMS
Activity Account	Rebel Depot
External Support/Booster Organization	
Name of Fundraiser	Bookstore
Sponsor	Mrs. Power
Date Submitted	###

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 The bookstore is being generated to show kids how a bookstore runs. They learn enterpruership, jobs, responsibilities, and h
 the store works. (General Manager, Sales Shift Manager, Sales Clerks, Inventory, Advertising)

Items to be sold:
 Pens, pencils, erasers, paper, spiral notebooks, binders, markers, ear buds, flashdrives, index cards, posters, white out, sharpies,

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 The funds are used to buy more supplies for the store. This is not a fundraiser, I am selling items to cover cost.

Date(s) scheduled:
 Month of September

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

Athletic Fundraiser If yes, sport involved:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Corresponding sport participating in fundraiser?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Coaches Signature (corresponding sport) <i>Sandy Power</i>	Date	

Circle One: Approved Not Approved

Sponsor *Sandy Power* (Requested by) **Date** *9-12-14*

Principal *[Signature]* **Date** *9/13/14*

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

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

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: (What will the funds be used for? Be specific)
 To raise money for students of TCMS to purchase items for the school that is available to all students

Items to be sold:
 Candidates will be chosen from each grade level. (3 girls and 3 boys). They will raise money for votes with each grade level having a winner. There will be a dance and concessions to recognize Valentine's Day dance

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 BETA and the entire student body

Date(s) scheduled:
 Feb-17

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

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"/>
<i>Sandy Power</i>		
Coaches Signature (corresponding sport)		Date

Circle One: Approved Not Approved

Sandy Power **Date**
 Sponsor (Requested by) 9-12-16

JG **Date**
 Principal 9/13/16

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

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCMS
Activity Account	BETA CLUB
External Support/Booster Organization	
Name of Fundraiser	Cancer fundraiser
Sponsor	Power
Date Submitted	###

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 BETA students will be raising money to show awareness of cancer and participate in community service activity

Items to be sold:
 Raising money to show awareness of cancer. Contributions will be collected

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 All funds will be sent to Cancer Society

Date(s) scheduled:
 Mar-17

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

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) <i>Sandy Power</i>	Date	

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

Sandy Power _____ **Date**
 Sponsor (Requested by) 9-12-16

[Signature] _____ **Date**
 Principal 9/13/16

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