

VW

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS	
Activity Account	Band	
External Support/Booster Organization		
Name of Fundraiser	Gift Wrapping	
Sponsor	Jeff Williams	
Date Submitted	10/10/16	

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

Items to be sold:  
 Gift wrapping during the Holidays, beginning on Black Friday through Christmas

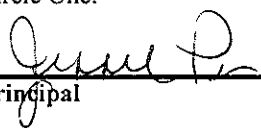
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
 All band students will benefit from these funds

Date(s) scheduled:  
 Black Friday-Christmas, 2016

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

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 \_\_\_\_\_

SBDM Council (If Council Policy) \_\_\_\_\_ Date \_\_\_\_\_

Superintendent \_\_\_\_\_ Date \_\_\_\_\_

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

*SW*

School	TCCHS	
Activity Account	Band	
External Support/Booster Organization		
Name of Fundraiser	Pancake Breakfast	
Sponsor	Jeff Williams	
Date Submitted	10/10/16	

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
 All funds will benefit all aspects of our band program, including equipment, music, travel, food, etc.

Items to be sold:  
 Breakfast (pancakes, sausage, bacon, etc.)

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
 All band students will benefit from the fund generated

Date(s) scheduled:  
 April 25th 2017

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

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

*James P.* \_\_\_\_\_ Date \_\_\_\_\_  
 Principal

SBDM Council (If Council Policy) \_\_\_\_\_ Date \_\_\_\_\_

Superintendent \_\_\_\_\_ Date \_\_\_\_\_

YW

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS	
Activity Account	Band	
External Support/Booster Organization		
Name of Fundraiser	Recycling	
Sponsor	Jeff Williams	
Date Submitted	10/10/16	

**Purpose of fundraising activity:** (What will the funds be used for? Be specific)  
 All funds will be used for all aspects of our band program, including equipment, music, travel, food, etc.

**Items to be sold:**  
 Recycling after Christams and after Tax Day (April 15th)

**Beneficiary of fundraising activity:** (Who will receive the benefit of the funds)  
 All band students will benfit from these funds

**Date(s) scheduled:**  
 After Christmas (~Dec. 27-30, 2016) and after Tax Day(~ April 16-20, 2017)

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

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

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

 <b>Principal</b>	<b>Date</b>  <b>Date</b>  <b>Date</b>  <b>Date</b>
<b>SBDM Council (If Council Policy)</b>	<b>Date</b>
<b>Superintendent</b>	<b>Date</b>

✓

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS	
Activity Account	Band	
External Support/Booster Organization		
Name of Fundraiser	Jazz Dinner/Silent Auction/Photos	
Sponsor	Jeff Williams	
Date Submitted	10/10/16	

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

Items to be sold:  
 Tickets to Jazz Dinner, items donated for Silent Auction and Couples photos on site

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

Date(s) scheduled:  
 February 13th and/or 14th

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

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

JW

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Band
External Support/Booster Organization	
Name of Fundraiser	Subway Donation
Sponsor	Jeff Williams
Date Submitted	10/10/16

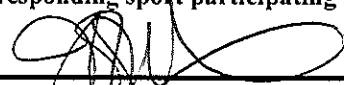
Purpose of fundraising activity: (What will the funds be used for? Be specific)  
 All funds generated will benefit all aspects of the band program, including, but not limited to, equipment, music, instruments, travel, food, etc.

Items to be sold:  
 The band will receive a percentage of the total sales on specific nights. There will be two designated nights for Subway donations - one before a varsity football game and one before a varsity basketball game.

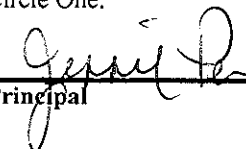
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
 All band students will benefit from these funds.

Date(s) scheduled:  
 TBD ( as determined by the Subway owner)

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

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 type="checkbox"/>	
X 			
Coaches Signature (corresponding sport)	Date		

Circle One:                      Approved                      Not Approved


Date

Principal Date

SBDM Council (If Council Policy) Date

Superintendent Date

SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL

Yes

School	TCCHS
Activity Account	Baseball
External Support/Booster Organization	
Name of Fundraiser	Daddy Daughter Dance
Sponsor	Billy Killebrew
Date Submitted	20-Sep-16

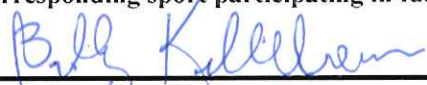
Purpose of fundraising activity: (What will the funds be used for? Be specific)  
To raise funds for expenses for 2017 Baseball season. Ex, Equipment, field supplies, supplies, meals, travel

Items to be sold:  
Concessions, tickets, pictures, etc.


Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
All 2017 baseball players

Date(s) scheduled:  
February 2017

Names of adult supervisors at activity (chaperones, custodians, etc.):  
Billy Killebrew  
Josh Popplewell  
Scott Smith

Athletic Fundraiser	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involvec Baseball		
Corresponding sport participating in fundraiser?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	9/20/16	
Coaches Signature (corresponding sport)	Date	

Circle One: Approved Not Approved

  
Principal

Date

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

160

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	BOY'S BASKETBALL
External Support/Booster Organization	
Name of Fundraiser	BANNERS
Sponsor	BOY'S BASKETBALL
Date Submitted	9/21/2016

Purpose of fundraising activity:

TO RAISE FUNDS FOR BOY'S BASKETBALL TO BE USED FOR EQUIPMENT, MEALS, SNACKS, CLOTHING, TRAVEL, GAMES, ETC.

Items to be sold:

BANNERS WILL BE SOLD AND PLACED IN THE GYM

Beneficiary of fundraising activity:


TCCHS BOY'S BASKETBALL TEAM

Date(s) scheduled:

FALL 2016

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

Frank Johnson and Kevin Harris

Athletic Fundraiser	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involved BOY'S BASKETBALL		
Corresponding sport participating in fundraiser?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	9-28-16	
Coaches Signature (corresponding sport)	Date	

Circle One:

Approved

Not Approved

  
Principal

Date

9/29/16  
Date

SBDM Council (If Council Policy)

Date

Superintendent (If School-Wide Fundraiser)

Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	BOY'S BASKETBALL
External Support/Booster Organization	
Name of Fundraiser	CAR WASH
Sponsor	BOY'S BASKETBALL
Date Submitted	9/21/2016

Purpose of fundraising activity:

TO RAISE FUNDS FOR BOY'S BASKETBALL TO BE USED FOR EQUIPMENT, MEALS, SNACKS, CLOTHING, TRAVEL, GAMES, ETC.

Items to be sold:

PLAYERS WILL WASH CARS FOR DONATIONS

Beneficiary of fundraising activity:

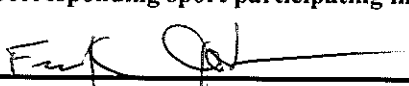
TCCHS BOY'S BASKETBALL TEAM

Date(s) scheduled:

FALL 2016

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

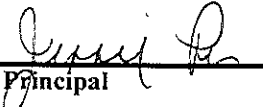
Frank Johnson and Kevin Harris

Athletic Fundraiser	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If yes, sport involved BOY'S BASKETBALL				
Corresponding sport participating in fundraiser?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	9-28-16 Date			
Coaches Signature (corresponding sport)				

Circle One:

Approved

Not Approved

  
 Principal

Date

9/29/16

Date

SBDM Council (If Council Policy)

Date

Superintendent (If School-Wide Fundraiser)

Date

✓

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	BOY'S BASKETBALL
External Support/Booster Organization	
Name of Fundraiser	LETTER/DONATION CAMPAIGN
Sponsor	BOY'S BASKETBALL
Date Submitted	9/21/2016

Purpose of fundraising activity:

TO RAISE FUNDS FOR BOY'S BASKETBALL TO BE USED FOR EQUIPMENT, MEALS, SNACKS, CLOTHING, TRAVEL, GAMES, ETC.

Items to be sold:

DONATIONS WILL BE ACCEPTED

Beneficiary of fundraising activity:


TCCHS BOY'S BASKETBALL TEAM

Date(s) scheduled:

FALL 2016

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

KEVIN HARRIS AND FRANK JOHNSON

Athletic Fundraiser	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involved BOY'S BASKETBALL		
Corresponding sport participating in fundraiser?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	9-28-16	
Coaches Signature (corresponding sport)	Date	

Circle One:

Approved

Not Approved

  
Principal

Date

9/29/16

Date

SBDM Council (If Council Policy)

Date

Superintendent (If School-Wide Fundraiser)

Date

VW

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	BOY'S BASKETBALL
External Support/Booster Organization	
Name of Fundraiser	CHILI SUPPER
Sponsor	BOY'S BASKETBALL
Date Submitted	9/21/2016

Purpose of fundraising activity:

TO RAISE FUNDS FOR BOY'S BASKETBALL TO BE USED FOR EQUIPMENT, MEALS, SNACKS, CLOTHING, TRAVEL, GAMES ETC.

Items to be sold:

CHILI, SOUP, SOFTDRINKS, WATER ETC.

Beneficiary of fundraising activity:


TCCHS BOY'S BASKETBALL TEAM

Date(s) scheduled:

FALL 2016 AND/OR SPRING 2017

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

Frank Johnson and Kevin Harris

Athletic Fundraiser	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involved BOY'S BASKETBALL		
Corresponding sport participating in fundraiser?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	9-28-16	
Coaches Signature (corresponding sport)	Date	

Circle One:

Approved

Not Approved

  
Principal

Date

9/29/16

Date

SBDM Council (If Council Policy)

Date

Superintendent (If School-Wide Fundraiser)

Date

✓

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	BOY'S BASKETBALL
External Support/Booster Organization	
Name of Fundraiser	BASKETBALL CAMP
Sponsor	BOY'S BASKETBALL
Date Submitted	9/21/2016

Purpose of fundraising activity:

TO RAISE FUNDS FOR BOY'S BASKETBALL TO BE USED FOR EQUIPMENT, MEALS, SNACKS, CLOTHING, TRAVEL, GAMES, ETC.

Items to be sold:

CONCESSIONS AND POSSIBLE SPIRIT ITEMS

Beneficiary of fundraising activity:

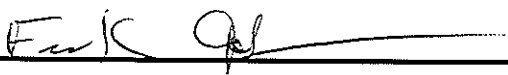
TCCHS BOY'S BASKETBALL

Date(s) scheduled:

FOLLOWING END OF SCHOOL YEAR 2016-2017

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

Frank Johnson

Athletic Fundraiser	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involved BOY'S BASKETBALL		
Corresponding sport participating in fundraiser?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	9-28-16	
Coaches Signature (corresponding sport)	Date	

Circle One:

Approved

Not Approved

Principal

Date

9/29/16

Date

SBDM Council (If Council Policy)

Date

Superintendent (If School-Wide Fundraiser)

Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

A

*Handwritten initials*

School	TCCHS
Activity Account	Dance Team
External Support/Booster Organization	
Name of Fundraiser	Rada Knives
Sponsor	Katherine Power Cole
Date Submitted	

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

Uniforms, Dance wear, Shoes, Competition Fees, Competition Hotel Rooms, and/or Poms

Items to be sold:

Rada cooking knives will be sold to adults only and delivered outside of school grounds.

Beneficiary of fundraising activity:

(Who will receive the benefit of the funds)

All Dancers

Date(s) scheduled:

Oct.-Dec.

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

Katherine Power Cole

LeAnn Russell

Becky Barrow

Athletic Fundraiser

Yes

☐

No

☒

If yes, sport involved:

Corresponding sport participating in fundraiser?

Yes

☐

No

☒

Coaches Signature (corresponding sport)

Date

Circle One:

Approved

Not Approved

*Handwritten signature of Principal*

Principal

Date

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

A

*W*

School	TCCHS
Activity Account	Dance Team
External Support/Booster Organization	
Name of Fundraiser	Premier Jewelry
Sponsor	Katherine Power Cole
Date Submitted	

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

Uniforms, Dance wear, Shoes, Competition Fees, Competition Hotel Rooms, and/or Poms

Items to be sold:

Premier jewelry catalogs will be passed out for items to be sold by dancers.

Beneficiary of fundraising activity:

(Who will receive the benefit of the funds)

All Dancers

Date(s) scheduled:

Oct.-Dec.

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

Katherine Power Cole

LeAnn Russell

Becky Barrow

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>UMBony</i>		
<i>AD</i>		
Coaches Signature (corresponding sport)	Date	

Circle One:

Approved

Not Approved

Date

Principal

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

4

School	TCCHS
Activity Account	Dance Team
External Support/Booster Organization	
Name of Fundraiser	Donation Letters
Sponsor	Katherine Power Cole
Date Submitted	


Purpose of fundraising activity: (What will the funds be used for? Be specific)  
 Uniforms, Dance wear, Shoes, Competition Fees, Competition Hotel Rooms, and/or Poms

Items to be sold:  
 Donation letters will be sent to various businesses and/or family members to ask for donations to benefit the team.

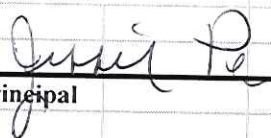
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
 All Dancers

Date(s) scheduled:  
 Nov.-Jan.

Names of adult supervisors at activity (chaperones, custodians, etc.):  
 Katherine Power Cole  
 LeAnn Russell  
 Becky Barrow

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"/>
 AD		
Coaches Signature (corresponding sport)	Date	

Circle One:                      Approved                      Not Approved

 \_\_\_\_\_ Date \_\_\_\_\_

Principal \_\_\_\_\_ Date \_\_\_\_\_

SBDM Council (If Council Policy) \_\_\_\_\_ Date \_\_\_\_\_

Superintendent \_\_\_\_\_ Date \_\_\_\_\_

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

A

*tw*

School	TCCHS
Activity Account	Dance Team
External Support/Booster Organization	
Name of Fundraiser	Butterbraids
Sponsor	Katherine Power Cole
Date Submitted	

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

Uniforms, Dance wear, Shoes, Competition Fees, Competition Hotel Rooms, and/or Poms

Items to be sold:

Butterbraids, a frozen breakfast pastry.

Beneficiary of fundraising activity:

(Who will receive the benefit of the funds)

All Dancers

Date(s) scheduled:

Oct.-Dec.

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

Katherine Power Cole

LeAnn Russell

Becky Barrow

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>UBoy AD</i>		
Coaches Signature (corresponding sport)	Date	

Circle One:

Approved

Not Approved

*Jessie D*  
Principal

Date

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

✓

School	TCCHS
Activity Account	Project Graduation
External Support/Booster Organization	
Name of Fundraiser	Craft Fair
Sponsor	Faye Turnbaugh
Date Submitted	27-Sep-16

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
To raise money for 2017 Project Graduation night

Items to be sold:  
sell booth space, tickets for entrance, concessions


Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
2017 Graduating Seniors

Date(s) scheduled:  
December 2016-January 2017

Names of adult supervisors at activity (chaperones, custodians, etc.):  
Faye Turnbaugh  
Janet Smith  
Melisa Morgan

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 \_\_\_\_\_  
Principal

SBDM Council (If Council Policy) \_\_\_\_\_ Date \_\_\_\_\_

Superintendent \_\_\_\_\_ Date \_\_\_\_\_

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Project Graduation
External Support/Booster Organization	
Name of Fundraiser	Donation letters
Sponsor	Faye Turnbaugh
Date Submitted	27-Sep-16

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
 To raise money for 2017 Project Graduation night  
 To purchase prizes etc.

Items to be sold:  
 Sending donation request letters to businesses, parents, and other sponsors

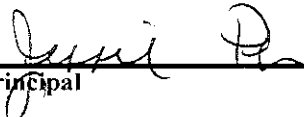
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
 2017 Graduating Seniors

Date(s) scheduled:  
 Jan-17

Names of adult supervisors at activity (chaperones, custodians, etc.):  
 Faye Turnbaugh  
 Janet Smith  
 Melisa Morgan

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 \_\_\_\_\_  
 Principal

SBDM Council (If Council Policy) \_\_\_\_\_ Date \_\_\_\_\_

Superintendent \_\_\_\_\_ Date \_\_\_\_\_

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

*✓*

School	TCCHS
Activity Account	Project Graduation
External Support/Booster Organization	
Name of Fundraiser	Fish Fry Dinner
Sponsor	Faye Turnbaugh
Date Submitted	Sept 15 2016

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
 Acquire funds for 2017 Project Graduation. Buy items for auction the night of event including laptops, TV's, microwaves, refrigerators, etc.

Items to be sold:  
 Fried catfish plate in TCCHS Cafeteria

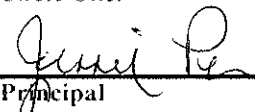
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
 2017 Seniors (graduation classmates)

Date(s) scheduled:  
 November/December 2016

Names of adult supervisors at activity (chaperones, custodians, etc.):  
 Faye Turnbaugh - Chairperson  
 Janet Smith - Co-chair  
 Melisa Morgan Co-chair

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 9/22/16  
 Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

*4/10*

School	TCCHS
Activity Account	Project Graduation
External Support/Booster Organization	
Name of Fundraiser	Harlem Wizards Basketball
Sponsor	Faye Turnbaugh
Date Submitted	Sept 15 2016

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
 Acquire funds for 2017 Project Graduation. Buy items for auction the night of event including laptops, TV's, microwaves, refrigerators, etc.

Items to be sold:  
 Tickets to basketball game, concessions, souvenirs, silent auction

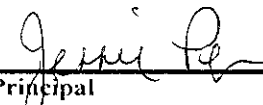
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
 2017 Seniors (graduation classmates)

Date(s) scheduled:  
 November/December 2016

Names of adult supervisors at activity (chaperones, custodians, etc.):  
 Faye Turnbaugh - Chairperson  
 Janet Smith - Co-chair  
 Melisa Morgan Co-chair

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 9/22/16  
 Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

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**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Project Graduation
External Support/Booster Organization	
Name of Fundraiser	Archery Tournament
Sponsor	Faye Turnbaugh
Date Submitted	Sept 15 2016

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

Acquire funds for 2017 Project Graduation. Buy items for auction the night of event including laptops, TV's, microwaves, refrigerators, etc.

Items to be sold:

concessions and entry fees

Beneficiary of fundraising activity:

(Who will receive the benefit of the funds)

2017 Seniors (graduation classmates)

Date(s) scheduled:

February/March 2017

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

Faye Turnbaugh - Chairperson

Janet Smith - Co-chair

Melisa Morgan Co-chair

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

9/22/16

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Project Graduation
External Support/Booster Organization	
Name of Fundraiser	Todd County Got Talent
Sponsor	Faye Turnbaugh
Date Submitted	Sept 15 2016

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
 Acquire funds for 2017 Project Graduation. Buy items for auction the night of event including laptops, TV's, microwaves, refrigerators, etc.

Items to be sold:  
 concessions and entry fees

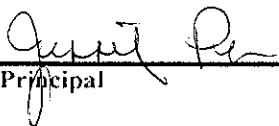
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
 2017 Seniors (graduation classmates)

Date(s) scheduled:  
 February/March/April 2017

Names of adult supervisors at activity (chaperones, custodians, etc.):  
 Faye Turnbaugh - Chairperson  
 Janet Smith - Co-chair  
 Melisa Morgan Co-chair

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  
 9/22/16

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Project Graduation
External Support/Booster Organization	
Name of Fundraiser	Yankee Candle
Sponsor	Faye Turnbaugh
Date Submitted	Sept 15 2016

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
 Acquire funds for 2017 Project Graduation. Buy items for auction the night of event including laptops, TV's, microwaves, refrigerators, etc.

Items to be sold:  
 Yankee Candle products

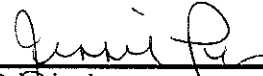
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
 2017 Seniors (graduation classmates)

Date(s) scheduled:  
 March/April 2017

Names of adult supervisors at activity (chaperones, custodians, etc.):  
 Faye Turnbaugh - Chairperson  
 Janet Smith - Co-chair  
 Melisa Morgan Co-chair

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 9/22/16  
 Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

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**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Softball & Softball Boosters
External Support/Booster Organization	
Name of Fundraiser	L & R Soda Shop
Sponsor	Brandi Francies
Date Submitted	10/12/16

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
 The fundraiser will provide additional money for the purchase of, but not limited to, equipment, uniforms, supplies and travel, etc.

Items to be sold:  
 The softball team and boosters will pair with the L&R Soda Shop for a "fundraising night," with part of the proceeds raised donated the softball team.

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
 The softball team will be the beneficiary of the fundraising activity.

Date(s) scheduled:  
 October or November or December, 2016 (upon approval by the TCBOE and L&R management)

Names of adult supervisors at activity (chaperones, custodians, etc.):  
 Brandi Francies  
 Jim Rundall  
 Dana Sawyers

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

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

<p><i>Debra D. [Signature]</i></p> <p>Principal</p>	<p>_____</p> <p>Date</p>
	<p>_____</p> <p>Date</p>
	<p>_____</p> <p>Date</p>
	<p>_____</p> <p>Date</p>

SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL

School	TCCHS
Activity Account	Softball & Softball Boosters
External Support/Booster Organization	
Name of Fundraiser	Pizza Kits
Sponsor	Brandi Francies
Date Submitted	10/12/16

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
 The fundraiser will provide additional money for the purchase of, but not limited to, equipment, uniforms, supplies and travel, etc.

Items to be sold:  
 Little Caesar's Pizza Kits

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
 The softball team will be the beneficiary of the fundraising activity.

Date(s) scheduled:  
 October 19 - December 2, 2016

Names of adult supervisors at activity (chaperones, custodians, etc.):  
 Brandi Francies  
 Jim Rundall  
 Dana Sawyers

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

Circle One:	Approved	Not Approved	
<i>Brandi Francies</i>	Approved		
Principal			Date
			Date
SBDM Council (If Council Policy)			Date
Superintendent			Date

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**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Softball & Softball Boosters
External Support/Booster Organization	
Name of Fundraiser	Advertisement Signs
Sponsor	Brandi Francies
Date Submitted	10/12/16

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
 The fundraiser will provide additional money for the purchase of, but not limited to, equipment, uniforms, supplies and travel, etc.

Items to be sold:  
 advertisement & support signs for the softball field

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
 The softball team will be the beneficiary of the fundraising activity.

Date(s) scheduled:  
 October 19, 2016 - March 31, 2017

Names of adult supervisors at activity (chaperones, custodians, etc.):  
 Brandi Francies  
 Jim Rundall  
 Dana Sawyers

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

Circle One: Approved Not Approved

*Dental* \_\_\_\_\_ Date \_\_\_\_\_  
 Principal \_\_\_\_\_ Date \_\_\_\_\_

SBDM Council (If Council Policy) \_\_\_\_\_ Date \_\_\_\_\_

Superintendent \_\_\_\_\_ Date \_\_\_\_\_

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**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Softball & Softball Boosters
External Support/Booster Organization	
Name of Fundraiser	Food Drive
Sponsor	Brandi Francies
Date Submitted	10/12/16

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
 The activity is to collect foods for families in need at Thanksgiving.

Items to be sold:  
 NOTHING will be sold; the softball team and boosters are collecting items for a food drive for Thanksgiving.

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
 families in Todd County who are in need around Thanksgiving

Date(s) scheduled:  
 October 19 - November 16, 2016

Names of adult supervisors at activity (chaperones, custodians, etc.):  
 Brandi Francies  
 Jim Rundall  
 Dana Sawyers

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

Circle One:                      Approved                      Not Approved

 Principal	Date <hr/>
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SBDM Council (If Council Policy)	Date <hr/>
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Superintendent	Date <hr/>
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**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

W

School	Todd County Central High School
Activity Account	STLP
External Support/Booster Organization	
Name of Fundraiser	Collection of ink cartridges - recycle
Sponsor	Ghan Smith & Matthew Case
Date Submitted	10/3/2016

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

The funds from this activity will be used to purchase supplies and support STLP student projects

Items to be sold:

Ink cartridges collected will be mailed off to be recycled

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

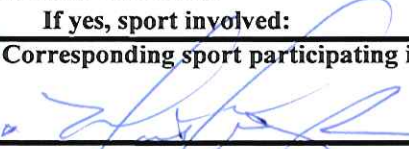
TCCHS STLP

Date(s) scheduled:

10/25/16-6/30/2017

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

Ghan Smith, Matthew Case

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"/>
	10/3/2016	
Coaches Signature (corresponding sport)	Date	

Circle One:

Approved

Not Approved

  
Principal

Date

10/10/16  
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

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**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	
External Support/Booster Organization	TC Quarterback Club
Name of Fundraiser	Alumni Football Game
Sponsor	
Date Submitted	9/22/16

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
to raise money for Todd County Rebel Football to be used for, but not limited to, travel, uniforms, supplies, facilities maintenance and upgrades, etc.

Items to be sold:  
event tickets; concessions on game day

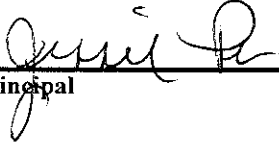
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
TC Rebel Football; Quarterback Club

Date(s) scheduled:  
4/15/17

Names of adult supervisors at activity (chaperones, custodians, etc.):  
Kelli Penick  
Misty Ellis

Athletic Fundraiser	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If yes, sport involved: FOOTBALL				
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  Date  Date
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SBDM Council (If Council Policy)

Superintendent