

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

✓
tw

School	TCCHS
Activity Account	Project Graduation
External Support/Booster Organization	
Name of Fundraiser	Potato Bar
Sponsor	Janet Smith
Date Submitted	25-Oct-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:
Baked potatoes with butter, sour cream, bacon bits, and cheese

to staff members only

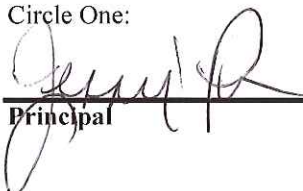
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
All 2017 graduation seniors

Date(s) scheduled:
At different schools each week for each month of November, December, January and February

Names of adult supervisors at activity (chaperones, custodians, etc.):
Janet Smith
Melisa Morgan
Kelli Penick
Julie Knight

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**

 _____ **Date** _____

Principal _____ **Date** _____

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

Superintendent _____ **Date** _____

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

✓
tw

School	TCCHS
Activity Account	60 Project Graduation
External Support/Booster Organization	
Name of Fundraiser	Breakfast with Santa
Sponsor	Project Graduation Officer
Date Submitted	9-Nov-16

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

funds raised will be used to purchase prizes, food etc for project graduation

Items to be sold:

Milk Cookies and Photo with Santa and story with Ms. Claus

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

2017 graduating seniors who attend project graduation

Date(s) scheduled:

December 3 2016

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

Janet Smith

Melissa Morgan

Kelly Penick

Julie Knight

Athletic Fundraiser If yes, sport involved: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
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

11-9-16

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	Christmas Parade/Hot Chocolate/Snacks
Sponsor	Janet Smith
Date Submitted	9-Nov-16

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

Funds raised will help purchase prizes for Project Graduation 2017

Items to be sold:

Hot Chocolate, Candy, Nachos, Hotdogs

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

2017 graduating seniors who attend Project Graduation

Date(s) scheduled:

10-Dec-16

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

Janet Smith

Melisa Morgan

Kelli Penick

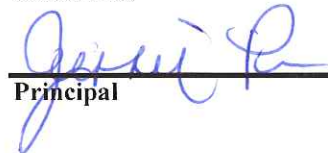
Julie Knight

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


Principal

Date

11/9/16

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

✓

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Softball & Softball Boosters
External Support/Booster Organization	
Name of Fundraiser	FanCloth & Hats
Sponsor	Brandi Francies
Date Submitted	11/2/16

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 take orders for FanCloth apparel and hats.

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:
 November - December, 2016

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

Athletic Fundraiser If yes, sport involved: Softball	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Corresponding sport participating in fundraiser? <i>Brandi Francies</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <div style="text-align: right;">11/2/16</div>
Coaches Signature (corresponding sport)	Date

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

[Signature]
 Principal

_____ Date

_____ Date

SBDM Council (If Council Policy)

_____ Date

Superintendent

_____ Date

Kw

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Softball & Softball Boosters
External Support/Booster Organization	
Name of Fundraiser	Donation Letters
Sponsor	Brandi Francies
Date Submitted	11/2/16

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 send out letters to businesses and individuals, asking for donations.

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:
 January, 2017

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

Athletic Fundraiser If yes, sport involved: Softball	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Corresponding sport participating in fundraiser? Brandi Francies	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Coaches Signature (corresponding sport)	11/2/16 Date		

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

Principal

SBDM Council (If Council Policy)

Superintendent

_____ Date

_____ Date

_____ Date

_____ Date

✓
JW

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Softball & Softball Boosters
External Support/Booster Organization	
Name of Fundraiser	Little Debbie's
Sponsor	Brandi Francies
Date Submitted	11/2/16

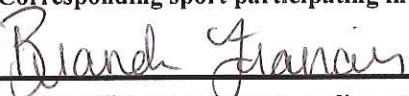
Purpose of fundraising activity: (What will the funds be used for? Be specific)
The fundraiser will provide additional money for the purchase of, but not limited to, equipment, uniforms, supplies and travel, etc.

Items to be sold:
The softball team and boosters will take orders for Little Debbie snack packs. The packs will be delivered after school.

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:
January, 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"/>
	11/2/16
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

School	TCCHS
Activity Account	Softball & Softball Boosters
External Support/Booster Organization	
Name of Fundraiser	Krispy Kreme
Sponsor	Brandi Francies
Date Submitted	11/2/16

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 take orders for Krispy Kreme doughnuts. The doughnuts will be delivered after school.

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:
 February - March, 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)				11/2/16 Date

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