

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Middle School
Activity Account	Art
External Support/Booster Organization	
Name of Fundraiser	Face Painting
Sponsor	Art Club
Date Submitted	10/24/16


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

Items to be sold:
Face Painting

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

Date(s) scheduled:
November 2016- May 2017 (as needed)

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

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"/>
	10/24/16	
Coaches Signature (corresponding sport)	Date	

Circle One: Approved Not Approved

Principal 	Date
	10/24/16
	Date

SBDM Council (If Council Policy)	Date
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Superintendent	Date
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**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Middle School
Activity Account	Art
External Support/Booster Organization	
Name of Fundraiser	Student Artwork Sale
Sponsor	Art Club
Date Submitted	10/24/16

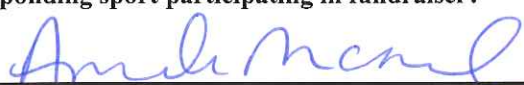
Purpose of fundraising activity: (What will the funds be used for? Be specific)
The funds generated will be used to purchase art supplies and/or equipment for use during art class and/or Art-sponsored after-school events/trips

Items to be sold:
TCMS student artwork

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

Date(s) scheduled:
November 2016- May 2017 (as needed)

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

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"/>
	10/24/16	
Coaches Signature (corresponding sport)	Date	

Circle One: Approved Not Approved

	Date
Principal	10/24/16
	Date

SBDM Council (If Council Policy)	Date
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Superintendent	Date
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**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Middle School
Activity Account	Band
External Support/Booster Organization	N/A
Name of Fundraiser	Krispy Kreme
Sponsor	Carmichael
Date Submitted	21-Oct-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:
Original glazed and specialty doughnuts.

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


Date(s) scheduled:
November 15th - 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 ☒

	10/21/16
Coaches/Sponsor Signature (corresponding sport)	Date

Circle One:	Approved	Not Approved
		Date
Principal		10/24/16
		Date

SBDM Council (If Council Policy)	Date
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Superintendent	Date
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SCHOOL ACTIVITY FUND FUNDRAISER APPROVAL

School	Todd County Middle School
Activity Account	PTO
External Support/Booster Organization	PTO
Name of Fundraiser	United Games
Sponsor	Traci Paine
Date Submitted	10/24/2016

Purpose of fundraising activity: (What will the funds be used for? Be specific)
The funds will be generated through PTO for Student Rewards, Calculators, Miscellaneous Teacher/Classroom Supplies

Items to be sold:
Mobile App

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

Date(s) scheduled:
Nov-16

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

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>Trail & Paine</i>				
Coaches Signature (corresponding sport)			Date	

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

Principal FB Date 10/29/16

SBDM Council (If Council Policy)

Superintendent

Date