

SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL

School	TCCHS	
Activity Account	Band	
External Support/Booster Organization		
Name of Fundraiser	Childcare during Jazz Dinner	
Sponsor	Jeff Williams	
Date Submitted	12/5/16	

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

Items to be sold:
Child care/babysitting for families during the Jazz Dinner *(provided by the students)*

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

Date(s) scheduled:
Feb. 13-14

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 R.
Principal

Date
12/5/16
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

VSW

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Band
External Support/Booster Organization	
Name of Fundraiser	Kroger Community Rewards
Sponsor	Jeff Williams
Date Submitted	

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

Items to be sold:
 Nothing sold. Families links Kroger Plus Card to the Band's account and we earn a small percentage of the sale

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

Date(s) scheduled:
 Ongoing (after approval)

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 12/5/16
 Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

v/w

School	TCCHS
Activity Account	Project Graduation
External Support/Booster Organization	
Name of Fundraiser	Donation letters
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, food, etc. for Project Graduation 2017

Items to be sold:

Letters will be sent out to community members and businesses asking for donations to support 2017 Project Grad

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

2017 graduating seniors who attend Project Graduation

Date(s) scheduled:

Late January early February 2017

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

12/5/16

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	L & R Soda Shop
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, food, etc. for Project Graduation 2017

Items to be sold:
 Ice Cream sales and tips

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 2017 graduating seniors who attend Project Graduation

Date(s) scheduled:
 Early April/May 2017

Names of adult supervisors at activity (chaperones, custodians, etc.):
 Janet Smith
 Melisa Morgan
 Kelli 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 _____
 12/5/16
Date _____

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

VW

School	TCCHS
Activity Account	Project Graduation
External Support/Booster Organization	
Name of Fundraiser	Jeans Week
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, food, etc. for Project Graduation 2017

Items to be sold:

Todd County School employess will donate \$5 per week for two weeks to Project Graduation to wear jeans.
 Each school principal will decide which 2 weeks to participate.

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 2017 graduating seniors who attend Project Graduation

Date(s) scheduled:

One week in April at principal's discretion
 One week in May at principal's discretion

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

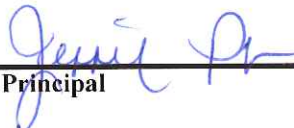
Janet Smith
 Melisa Morgan
 Kelli Penick
 Julie Knight

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

10/5/16
 Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	JROTC
External Support/Booster Organization	
Name of Fundraiser	Century Resources - Catalog Sales
Sponsor	Sgt. Maria Amaro
Date Submitted	12/5/16

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 The money raised through the fundraiser will be used for JROTC supplies and to off-set the costs of a planned trip.

Items to be sold:
 The catalogs are attached.

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 The JROTC students.

Date(s) scheduled:
 January 10th - 31st

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

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"/>	
Coaches Signature (corresponding sport) _____		Date _____	

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



 Principal

Date
 12/5/16

 Date

 SBDM Council (If Council Policy)

 Date

 Superintendent

 Date

Food Restrictions