

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Middle School
Activity Account	Band
External Support/Booster Organization	N/A
Name of Fundraiser	World's Finest Chocolate
Sponsor	Carmichael
Date Submitted	20-Jan-17

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:
 World's Finest Chocolate boxes (pre-sell boxes & chocolate Easter bunnies)

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

Date(s) scheduled:
 March 2017

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 ☒

[Signature] 1-20-17
 Coaches/Sponser Signature (corresponding sport) Date

Circle One: Approved Not Approved 1/23/17
 Date

[Signature] 1/23/17
 Principal Date

SBDM Council (If Council Policy) Date

Superintendent Date

Food Restrictions: cannot be sold during the day at school even on the bus. Items cannot be picked up until after school.

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCMS
Activity Account	Drama
External Support/Booster Organization	
Name of Fundraiser	Production/Drama
Sponsor	S. Jolicoeur/T. Mayberry/A. Dill
Date Submitted	18-Jan-17

Purpose of fundraising activity: (What will the funds be used for? Be specific)
To raise money for play production, to create culture and the arts in Todd County.

Items to be sold:
Tickets to the play and dinner theater tickets

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
Middle School students participating in the play

Date(s) scheduled:
April 20th and 21st, 2017

Names of adult supervisors at activity (chaperones, custodians, etc.):
Shannon Jolicoeur
Tracey Mayberry
Abby Dill

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

1/23/17
Date
1/23/17
Date

Principal

SBDM Council (If Council Policy)

Date

Superintendent

Date