

SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL

✓SW

|                                       |                                  |
|---------------------------------------|----------------------------------|
| School                                | TCCHS                            |
| Activity Account                      | Baseball                         |
| External Support/Booster Organization |                                  |
| Name of Fundraiser                    | Concessions                      |
| Sponsor                               | Billy Killebrew/Melissa Weathers |
| Date Submitted                        | 13-Feb-17                        |

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
To raise funds for 2017 Baseball season to include but not limited to purchase equipment, travel, field supplies, etc

Items to be sold:  
Food/drinks for concessions

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

Date(s) scheduled:  
Beginning March 14, 2017

Names of adult supervisors at activity (chaperones, custodians, etc.):  
Billy Killebrew  
Melissa Weathers

|  |   |                             |
|--|---|-----------------------------|
| Athletic Fundraiser                              | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| If yes, sport involved TCCHS Baseball            |   |                             |
| Corresponding sport participating in fundraiser? | Yes <input type="checkbox"/>            | No <input type="checkbox"/> |
| <i>Melissa D. Weathers</i>                       |   | 2/13/2017                   |
| Coaches Signature (corresponding sport)          |   | Date                        |

Circle One: Approved Not Approved

*[Signature]*  
Principal

Date

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

VW

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

|                                       |                      |
|---------------------------------------|----------------------|
| School                                | TCCHS                |
| Activity Account                      | Girls' Basketball    |
| External Support/Booster Organization |                      |
| Name of Fundraiser                    | Car Wash---Donations |
| Sponsor                               | Andrea Milkowski     |
| Date Submitted                        | 3/6/17               |

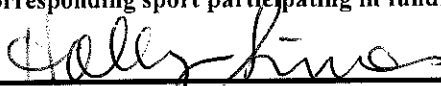
**Purpose of fundraising activity:** (What will the funds be used for? Be specific)  
 Money from the car wash & donations will provide additional funds for transportation, supplies, uniforms, meals and any other items/needs during the school year.

**Items to be sold:**  
 car wash & donations

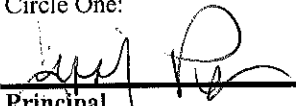
**Beneficiary of fundraising activity:** (Who will receive the benefit of the funds)  
 Girls' Basketball

**Date(s) scheduled:**  
 April, 2017

**Names of adult supervisors at activity (chaperones, custodians, etc.):**  
 Andrea Milkowski  
 Holly Simons

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

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

  
 Principal

Date  
 3-7-17  
 Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

JW

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

|                                       |                                 |
|---------------------------------------|---------------------------------|
| School                                | Todd County Central High School |
| Activity Account                      | Cheer                           |
| External Support/Booster Organization |                                 |
| Name of Fundraiser                    | Little Debbie Snacks            |
| Sponsor                               | Contessa Orr & Amber Gant       |
| Date Submitted                        | 2/21/17                         |

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

The funds from this activity will be used to cover cheer camp and cheer routine camp

Items to be sold:

boxes of Little Debbie Snacks - the form will be given to girls right before Spring Break and they will be taking orders during Spring Break. When the items come in, they will be given to cheerleaders on a Friday after school to be delivered over the weekend.

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

TCCHS Cheer Squad

Date(s) scheduled:

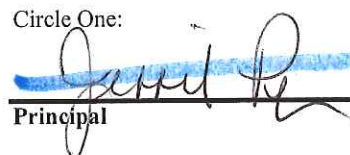
3/30-4/10/17

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

Contessa Orr, Amber Gant

|  |   |                             |
|--|---|-----------------------------|
| Athletic Fundraiser                              | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| If yes, sport involved:                          |   |                             |
| Corresponding sport participating in fundraiser? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Contessa Orr, Amber Gant                         | 2/21/17                                 |                             |
| Coaches Signature (corresponding sport)          | Date                                    |                             |

Circle One:      Approved      Not Approved

  
Principal

Date

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SBDM Council (If Council Policy)

Date

Superintendent

Date

/w

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

|                                       |                                 |
|---------------------------------------|---------------------------------|
| School                                | Todd County Central High School |
| Activity Account                      | Cheer                           |
| External Support/Booster Organization |                                 |
| Name of Fundraiser                    | TCCHS t-shirts/apparel          |
| Sponsor                               | Contessa Orr & Amber Gant       |
| Date Submitted                        | 2/24/17                         |

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

The funds from this activity will be used for cheer supplies, cheer camp, competition cheer routine camp and competitions.

Items to be sold:

t-shirts and other apparel with TCCHS logo

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

TCCHS Cheer Squad

Date(s) scheduled:

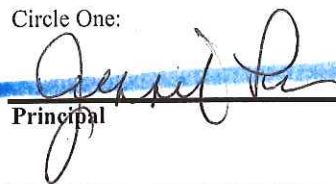
3/20-3/31/17

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

Contessa Orr, Amber Gant

|  |   |                             |
|--|---|-----------------------------|
| Athletic Fundraiser                              | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| If yes, sport involved:                          | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Corresponding sport participating in fundraiser? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Coaches Signature (corresponding sport)          | 2/24/17<br>Date                         |                             |

Circle One: Approved Not Approved

  
Principal

SBDM Council (If Council Policy)

Superintendent

Date

Date

Date

Date

## SCHOOL ACTIVITY FUND FUNDRAISER APPROVAL

|  |                    |
|--|--------------------|
| <b>School</b>                                | TCCIS              |
| <b>Activity Account</b>                      | Project Graduation |
| <b>External Support/Booster Organization</b> |                    |
| <b>Name of Fundraiser</b>                    | L & R Night        |
| <b>Sponsor</b>                               | Parents            |
| <b>Date Submitted</b>                        | 28-Feb-17          |

**Purpose of fundraising activity:** (What will the funds be used for? Be specific)  
**Donation to Project graduation for class of 2017**

**Items to be sold:**  
 Food items, ice cream and soda bar treats will be donated and sold to the general public. Face Painting, the jail, games and acti

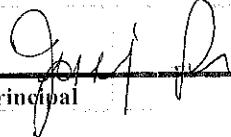
**Beneficiary of fundraising activity:** (Who will receive the benefit of the funds)  
 Class of 2017 Seniors to be used for Project Graduation

**Date(s) scheduled:**  
 April 18th with an alternate date of April 25

**Names of adult supervisors at activity (chaperones, custodians, etc.):**  
 Janet Smith and other senior parents as volunteers  
 Julie Knight  
 Lisa Petrie  
 Kenny Clayton

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

Circle One: Approved Not Approved

  
 Principal

**Date**  
 3-7-17  
**Date**

**SBDM Council (If Council Policy)**

**Date**



SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL

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|                                       |                              |
|---------------------------------------|------------------------------|
| School                                | TCCHS                        |
| Activity Account                      | Softball                     |
| External Support/Booster Organization |                              |
| Name of Fundraiser                    | Concessions                  |
| Sponsor                               | Jim Rundall/Melissa Weathers |
| Date Submitted                        | 13-Feb-17                    |


Purpose of fundraising activity: (What will the funds be used for? Be specific)  
To raise funds for 2017 Softball season to include but not limited to purchase equipment, travel, field supplies, etc

Items to be sold:  
Food/drinks for concessions

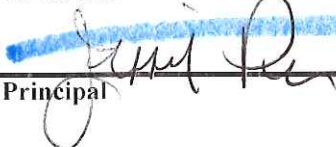
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
All 2017 Softball players/team

Date(s) scheduled:  
Beginning March 14, 2017

Names of adult supervisors at activity (chaperones, custodians, etc.):  
Jim Rundall  
Melissa Weathers

|   |   |                             |
|---|---|-----------------------------|
| Athletic Fundraiser   | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| If yes, sport involved TCCHS Softball   |   |                             |
| Corresponding sport participating in fundraiser?                                    | Yes <input type="checkbox"/>            | No <input type="checkbox"/> |
|  | 2/13/2017                               |                             |
| 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

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|                                       |                             |
|---------------------------------------|-----------------------------|
| School                                | TCCHS                       |
| Activity Account                      | Softball                    |
| External Support/Booster Organization |                             |
| Name of Fundraiser                    | LRS Tournament              |
| Sponsor                               | Jim Rundall/Brandi Francies |
| Date Submitted                        | 3-Mar-17                    |

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
To raise funds for equipment, supplies, travel, meals, and any other items needed for the season

Items to be sold:  
admission/concessions/t-shirts/tournament fee

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

Date(s) scheduled:  
18-Mar-17

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

|  |   |                             |
|--|---|-----------------------------|
| Athletic Fundraiser                              | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| If yes, sport involved:                          |   |                             |
| Corresponding sport participating in fundraiser? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| <i>Brandi Francies</i>                           |   |                             |
| Coaches Signature (corresponding sport)          |   | 3-3-17<br>Date              |

Circle One:

Approved

Not Approved

*[Signature]*  
Principal

Date

3-7-17

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date