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SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL

School	TCCHS
Activity Account	Band
External Support/Booster Organization	
Name of Fundraiser	Nacho Booth
Sponsor	Williams
Date Submitted	5/23/17

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
All funds generated by the sale of concessions will go to pay for new instruments, the repair of damaged instruments, fees for competitions, travel expenses, band uniforms, upkeep and new supplies (as needed), etc.

Items to be sold:  
concessions - nachos; apple slices (w/caramel)

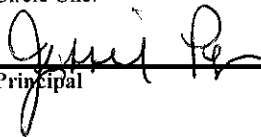
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
TCCHS Band

Date(s) scheduled:  
Fall Football Games

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

	Date
Principal	Date
SBDM Council (If Council Policy)	Date
Superintendent	Date

4/20

SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL

School	TCCHS
Activity Account	Band
External Support/Booster Organization	
Name of Fundraiser	World's Finest Chocolate
Sponsor	Williams
Date Submitted	5/23/17

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
All funds generated by the sale of concessions will go to pay for new instruments, the repair of damaged instruments, fees for competitions, travel expenses, band uniforms, upkeep and new supplies (as needed), etc.

Items to be sold:  
World's Finest Chocolate

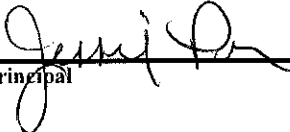
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
TCCHS Band

Date(s) scheduled:  
November, 2017

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

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

VW

SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL

School	TCCHS
Activity Account	Band
External Support/Booster Organization	
Name of Fundraiser	World's Finest Chocolate
Sponsor	Williams
Date Submitted	5/23/17

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
All funds generated by the sale of concessions will go to pay for new instruments, the repair of damaged instruments, fees for competitions, travel expenses, band uniforms, upkeep and new supplies (as needed), etc.

Items to be sold:  
World's Finest Chocolate

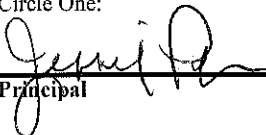
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
TCCHS Band

Date(s) scheduled:  
March, 2018

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

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

4/20

SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL

School	TCCHS
Activity Account	Band
External Support/Booster Organization	
Name of Fundraiser	Tumblers & Water Bottles
Sponsor	Williams
Date Submitted	5/23/17

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
All funds generated by the sale of concessions will go to pay for new instruments, the repair of damaged instruments, fees for competitions, travel expenses, band uniforms, upkeep and new supplies (as needed), etc.

Items to be sold:  
Team Tumblers, Stainless Steel Tumblers & Stainless Steel Water Bottles

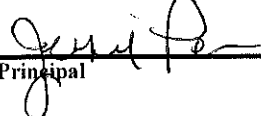
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
TCCHS Band

Date(s) scheduled:  
7/24/17-8/14/17

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

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

W

SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL

School	TCCHS
Activity Account	Band
External Support/Booster Organization	
Name of Fundraiser	Sock Hop
Sponsor	Williams
Date Submitted	5/23/17

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
All funds generated by the sale of concessions will go to pay for new instruments, the repair of damaged instruments, fees for competitions, travel expenses, band uniforms, upkeep and new supplies (as needed), etc.

Items to be sold:  
Tickets to event

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

Date(s) scheduled:  
Fall OR Spring semester (most likely a Friday night in September)

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  
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Band
External Support/Booster Organization	
Name of Fundraiser	Pancake Breakfast
Sponsor	Williams
Date Submitted	5/23/17

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
 All funds generated by the sale of concessions will go to pay for new instruments, the repair of damaged instruments, fees for competitions, travel expenses, band uniforms, upkeep and new supplies (as needed), etc.

Items to be sold:  
 Pancakes and other breakfast foods

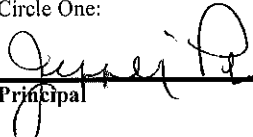
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
 TCCHS Band

Date(s) scheduled:  
 End of March (Probably March 24, 2018)

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

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Band
External Support/Booster Organization	
Name of Fundraiser	Kroger Community Rewards
Sponsor	Williams
Date Submitted	5/23/17

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
 All funds generated by the sale of concessions will go to pay for new instruments, the repair of damaged instruments, fees for competitions, travel expenses, band uniforms, upkeep and new supplies (as needed), etc.

Items to be sold:  
 NO SALES. Families sign up for a Kroger Plus Card and the band will receive a percent of their purchases.

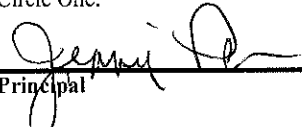
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
 TCCHS Band

Date(s) scheduled:  
 2017 - 2018 school year

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

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Band
External Support/Booster Organization	
Name of Fundraiser	Jazz Dinner
Sponsor	Williams
Date Submitted	5/23/17

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
 All funds generated by the sale of concessions will go to pay for new instruments, the repair of damaged instruments, fees for competitions, travel expenses, band uniforms, upkeep and new supplies (as needed), etc.

Items to be sold:  
 Jazz Dinner Tickets, Photographs and Silent Auction

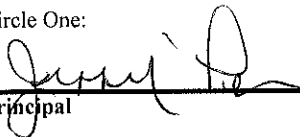
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
 TCCHS Band

Date(s) scheduled:  
 Jazz Dinner will be around Valentines Day. Tickets will be sold in January and February 2018.

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

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date



**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Band
External Support/Booster Organization	
Name of Fundraiser	Grand Old Flag
Sponsor	Williams
Date Submitted	5/23/17

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
 All funds generated by the sale of concessions will go to pay for new instruments, the repair of damaged instruments, fees for competitions, travel expenses, band uniforms, upkeep and new supplies (as needed), etc.

Items to be sold:  
 We will sell subscriptions for five National Holidays (Labor Day, Veteran's Day, President's Day, Memorial Day & 4th of July.  
 We will place U.S. flags in subscriber's yard, place of business or cemetery tombstone and remove them after each holiday

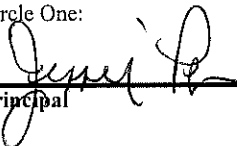
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
 TCCHS Band

Date(s) scheduled:  
 Throughout the year - primarily in the months of August and September

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 \_\_\_\_\_

SBDM Council (If Council Policy) \_\_\_\_\_ Date \_\_\_\_\_

Superintendent \_\_\_\_\_ Date \_\_\_\_\_

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SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL

School	TCCHS
Activity Account	Band
External Support/Booster Organization	
Name of Fundraiser	Community July 4th Celebration
Sponsor	Williams
Date Submitted	5/23/17

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
All funds generated by the sale of concessions will go to pay for new instruments, the repair of damaged instruments, fees for competitions, travel expenses, band uniforms, upkeep and new supplies (as needed), etc.

Items to be sold:  
concessions

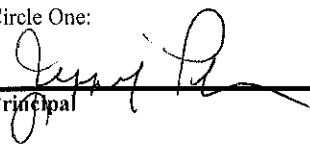
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
TCCHS Band

Date(s) scheduled:  
July 3rd or 4th

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

SBDM Council (If Council Policy) Date

Superintendent Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Band
External Support/Booster Organization	
Name of Fundraiser	L & R
Sponsor	Williams
Date Submitted	6/5/2017

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
 All funds will be used for all aspects of the band program, including supplies, travel, staff, instruments, travel, etc.

Items to be sold:  
 Food & drink items from L&R Soda shop will be sold. Students and parents will work the event in return for a percentage of the sales.

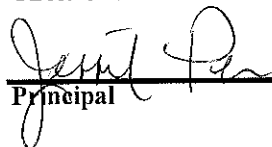
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
 TCCHS Band

Date(s) scheduled:  
 August 11 or 18, 2017

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  
 6/6/17  
 Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

VJW

School	TCCHS
Activity Account	Band
External Support/Booster Organization	
Name of Fundraiser	Easter Eggs
Sponsor	Williams
Date Submitted	### 5/30/2017

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
 All funds raised will be used to benefit all aspects of the TCCHS Band Program, including music, travel, staff, supplies, etc.

Items to be sold:  
 Easter egg subscriptions A subscription meaning they will pay a set amount to have Easter eggs delivered and hid in their yard for Easter. Eggs can either be empty or filled with candy.

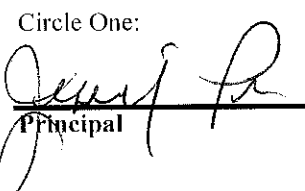
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
 The TCCHS Band

Date(s) scheduled:  
 The weeks leading up to Easter 2018 (April 1)

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 5/30/17

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL

*YFW*

School	Todd County Central High School
Activity Account	Cheer
External Support/Booster Organization	
Name of Fundraiser	TCCHS t-shirts/apparel through Fan Cloth
Sponsor	Contessa Orr & Amber Gant
Date Submitted	6/6/2017

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

The funds from this activity will be used to purchase new uniforms, signs, apparel and other cheer supplies

Items to be sold:

Fan Cloth - 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:

7/31-8/18/17

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"/>
<i>Contessa Orr, Amber Gant</i>		6/6/2017
Coaches Signature (corresponding sport)		Date

Circle One:

Approved

Not Approved

*Jerry Orr*  
Principal

Date

*6/6/17*  
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL

School	Todd County Central High School
Activity Account	Cheer
External Support/Booster Organization	
Name of Fundraiser	TCCHS Fall Sports Program
Sponsor	Contessa Orr & Amber Gant
Date Submitted	6/6/2017

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

Ads will be sold to local businesses by the cheerleaders to create a Sports Program that will be sold at games.

Ads and sports programs

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

TCCHS Cheer Squad

Date(s) scheduled:

7/10-8/3 sell ads; sell programs at sporting events

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

Contessa Orr, Amber Gant

Athletic Fundraiser

Yes ☒ No ☐

If yes, sport involved:

Corresponding sport participating in fundraiser?

Yes ☒ No ☐

Contessa Orr, Amber Gant

6/6/2017

Coaches Signature (corresponding sport)

Date

Circle One:

Approved

Not Approved

Date

6/6/17

Date

Principal

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

*W*

<b>School</b>	<b>TCCHS</b>
<b>Activity Account</b>	<b>Class of 2019</b>
<b>External Support/Booster Organization</b>	
<b>Name of Fundraiser</b>	<b>Prom</b>
<b>Sponsor</b>	<b>Jennifer Pope</b>
<b>Date Submitted</b>	<b>6-Jun-17</b>

**Purpose of fundraising activity:** (What will the funds be used for? Be specific)  
**To raise money for Prom 2018**

**Items to be sold:**  
**Tickets to Prom**

**Beneficiary of fundraising activity:** (Who will receive the benefit of the funds)  
**All members of the Class of 2019**  
**Anyone attending Prom 2018**

**Date(s) scheduled:**  
**Spring 2018**

**Names of adult supervisors at activity (chaperones, custodians, etc.):**  
**Jennifer Pope**  
**Junior Sponsors**

<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 type="checkbox"/>
<b>Coaches Signature (corresponding sport)</b>		<b>Date</b>

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

  
**Principal**

**Date**  
**6/6/17**  
**Date**

**SBDM Council (If Council Policy)**

**Date**

**Superintendent**

**Date**

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

*Yes*

<b>School</b>	<b>TCHS</b>
<b>Activity Account</b>	<b>Class of 2019</b>
<b>External Support/Booster Organization</b>	
<b>Name of Fundraiser</b>	<b>Great American Fundraiser</b>
<b>Sponsor</b>	<b>Jennifer Pope</b>
<b>Date Submitted</b>	<b>6-Jun-17</b>

**Purpose of fundraising activity:** (What will the funds be used for? Be specific)  
**To raise money for Prom 2018 and senior expenses for the 2018-2019 senior year**

**Items to be sold:**  
**candy, jewelry, flowers, etc.**

**Beneficiary of fundraising activity:** (Who will receive the benefit of the funds)  
**All members of the Class of 2019**

**Date(s) scheduled:**  
**Fall of 2017**

**Names of adult supervisors at activity (chaperones, custodians, etc.):**  
**Jennifer Pope**  
**Junior Sponsors**

<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 type="checkbox"/>
<b>Coaches Signature (corresponding sport)</b>		<b>Date</b>

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

  
**Principal**

**Date**  
**6/6/17**  
**Date**

**SBDM Council (If Council Policy)**

**Date**

**Superintendent**

**Date**



Kw

SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL

School	TCCHS
Activity Account	Girl's Soccer
External Support/Booster Organization	
Name of Fundraiser	Car Wash
Sponsor	Katie Rose Covington
Date Submitted	6-Jun-17

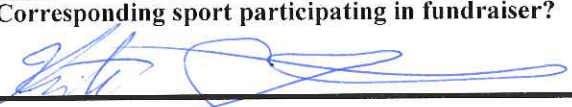
Purpose of fundraising activity: (What will the funds be used for? Be specific)  
To raise funds for 2017 soccer season including but not limited to meals, travel, equipment, uniforms, etc.

Items to be sold:  
Car Wash

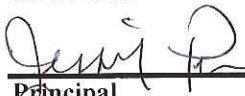
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
All 2017=2018 Girl's soccer players

Date(s) scheduled:  
July/August 2017

Names of adult supervisors at activity (chaperones, custodians, etc.):  
Katie Rose Covington  
Holly Simons

Athletic Fundraiser	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involved:		
Corresponding sport participating in fundraiser?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	6/6/17	
Coaches Signature (corresponding sport)	Date	

Circle One:                      Approved                      Not Approved

  
Principal

Date  
6/6/17  
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

<b>School</b>	TCCHS
<b>Activity Account</b>	PTO
<b>External Support/Booster Organization</b>	
<b>Name of Fundraiser</b>	Prom Grand March
<b>Sponsor</b>	Dana Orr
<b>Date Submitted</b>	6-Jun-17

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

To raise money for PTO for teacher/student supplies

**Items to be sold:**

Tickets to attend Grand March

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

All Students of TCCHS

**Date(s) scheduled:**

Spring 2018

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

Jennifer Pope


Dana Orr

<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 type="checkbox"/>
<b>Coaches Signature (corresponding sport)</b>		<b>Date</b>

Circle One:

Approved

Not Approved

  
Principal

Date

6/6/17

Date

**SBDM Council (If Council Policy)**

Date

**Superintendent**

Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

<b>School</b>	<b>TCCHS</b>
<b>Activity Account</b>	<b>Student Council</b>
<b>External Support/Booster Organization</b>	
<b>Name of Fundraiser</b>	<b>Homecoming</b>
<b>Sponsor</b>	<b>Leigh Ellen Bristow</b>
<b>Date Submitted</b>	<b>6-Jun-17</b>

**Purpose of fundraising activity:** (What will the funds be used for? Be specific)  
 To raise money for Student Council to provide supplies/Christmas Angels gifts for TCCHS students

**Items to be sold:**  
 Tickets to attend Homecoming


**Beneficiary of fundraising activity:** (Who will receive the benefit of the funds)  
 All Students of TCCHS

**Date(s) scheduled:**  
 Fall 2017

**Names of adult supervisors at activity (chaperones, custodians, etc.):**  
 Jennifer Pope  
 Leigh Ellen Bristow

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

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

  
 Principal

**Date**  
 6/6/17  
**Date**

**SBDM Council (If Council Policy)**

**Date**

**Superintendent**

**Date**

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

<b>School</b>	<b>TCCHS</b>
<b>Activity Account</b>	<b>Student Council</b>
<b>External Support/Booster Organization</b>	
<b>Name of Fundraiser</b>	<b>Snowball</b>
<b>Sponsor</b>	<b>Leigh Ellen Bristow</b>
<b>Date Submitted</b>	<b>6-Jun-17</b>

**Purpose of fundraising activity:** (What will the funds be used for? Be specific)  
 To raise money for Student Council to provide supplies/Christmas Angels gifts for TCCHS students

**Items to be sold:**  
 Tickets to attend Snowball 2018

**Beneficiary of fundraising activity:** (Who will receive the benefit of the funds)  
 All Students of TCCHS

**Date(s) scheduled:**  
 1-Feb-18

**Names of adult supervisors at activity (chaperones, custodians, etc.):**  
 Jennifer Pope  
 Leigh Ellen Bristow

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

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

  
 \_\_\_\_\_  
 Principal

**Date** \_\_\_\_\_  
 6/6/17  
**Date** \_\_\_\_\_

\_\_\_\_\_  
 SBDM Council (If Council Policy)

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
 Superintendent

\_\_\_\_\_  
**Date**

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

*W*

School	TCCHS
Activity Account	Veteran's Day Program
External Support/Booster Organization	
Name of Fundraiser	Donations
Sponsor	Dana Orr
Date Submitted	6-Jun-17

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

To raise money for 2017 Veteran's Day Program

Items to be sold:

Requesting donations from businesses and individuals

Beneficiary of fundraising activity:

(Who will receive the benefit of the funds)

All Students of TCCHS and Veteran's

Date(s) scheduled:

Fall 2017

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

Jennifer Pope

Dana Orr

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

*Jenny Pope*  
Principal

Date

6/6/17

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

*W*

<b>School</b>	<b>TCCHS</b>
<b>Activity Account</b>	<b>Yearbook</b>
<b>External Support/Booster Organization</b>	
<b>Name of Fundraiser</b>	<b>Yearbook Sales, Business Ads, and Senior Ads</b>
<b>Sponsor</b>	<b>Natajassa Clark</b>
<b>Date Submitted</b>	<b>6-Jun-17</b>

**Purpose of fundraising activity:** (What will the funds be used for? Be specific)  
**To raise money for 2017-2018 yearbook production**

**Items to be sold:**  
**Yearbooks, business ads, and senior ads**

**Beneficiary of fundraising activity:** (Who will receive the benefit of the funds)  
**All Students of TCCHS**

**Date(s) scheduled:**  
**2017-2018 school year**

**Names of adult supervisors at activity (chaperones, custodians, etc.):**  
**Jennifer Pope**  
**Natajassa Clark**

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

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

  
**Principal**

**Date** 6/6/17  
**Date**

**SBDM Council (If Council Policy)**

**Date**

**Superintendent**

**Date**

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

✓

School	TCCHS
Activity Account	Scholarships
External Support/Booster Organization	
Name of Fundraiser	Senior Sponsorship for Academic Awards
Sponsor	Michelle Rager
Date Submitted	6-Jun-17

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

Items to be sold:  
Doantions to purchase the trophy/award for senior receipient

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

Date(s) scheduled:  
1-Mar-18

Names of adult supervisors at activity (chaperones, custodians, etc.):  
Jennifer Pope  
Michelle 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 type="checkbox"/>
Coaches Signature (corresponding sport)	Date	

Circle One:                      Approved                      Not Approved

  
Principal

Date  
6/6/17  
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date