

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Central High School
Activity Account	Archery
External Support/Booster Organization	
Name of Fundraiser	Archery T shirt sales
Sponsor	Boogie Oliver and Leilani Campbell
Date Submitted	3-Nov-17

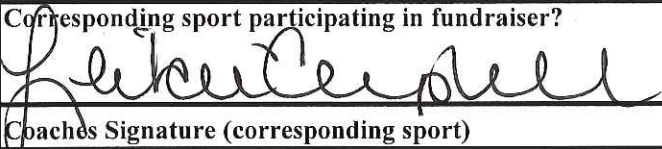
Purpose of fundraising activity: (What will the funds be used for? Be specific)
Funds will be used for archery program to purchase equipment, replacement parts, tournament fees as needed, etc.

Items to be sold:
Sell t shirts to archers and parents/family members

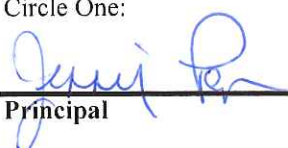
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
Todd County Archery teams

Date(s) scheduled:
November 14-December 2017

Names of adult supervisors at activity (chaperones, custodians, etc.):
Boogie Oliver and Leilani Campbell

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


 Date _____
 Principal

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

SCHOOL ACTIVITY FUND FUNDRAISER APPROVAL

School	Todd County Central High School
Activity Account	Archery
External Support/Booster Organization	
Name of Fundraiser	Regional Archery Tournament
Sponsor	Boogie Oliver and Leilani Campbell
Date Submitted	3-Nov-17


Purpose of fundraising activity: (What will the funds be used for? Be specific)
All profits from this tournament will be split between all four schools. Funds will be used for archery program to purchase equipment, replacement parts, tournament fees as needed, etc.

Items to be sold:
hold an archery tournament and collect registration fees from archers and admission fees from spectators

Beneficiary of fundraising activity: Todd County Archery teams	(Who will receive the benefit of the funds)
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Date(s) scheduled:
Feb 23-24, 2018

Names of adult supervisors at activity (chaperones, custodians, etc.):
Boogie Oliver and Leilani Campbell

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"/>
				
Coach's Signature (corresponding sport)	Date			

Circle One:

Approved

Not Approved

Date _____

Principal

Date _____

SBDM Council (If Council Policy)

Date _____

Superintendent

Date _____

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Central High School
Activity Account	Archery
External Support/Booster Organization	
Name of Fundraiser	Archery donations
Sponsor	Boogie Oliver and Leilani Campbell
Date Submitted	3-Nov-17

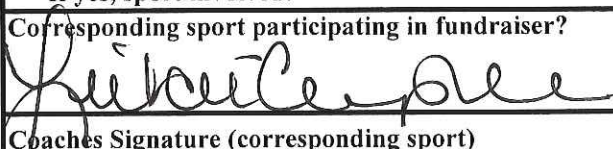
Purpose of fundraising activity: (What will the funds be used for? Be specific)
Funds will be used for archery program to purchase equipment, replacement parts, tournament fees as needed, etc.

Items to be sold:
collect donations from business and community members

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
Todd County Archery teams

Date(s) scheduled:
November 14th-June 2018

Names of adult supervisors at activity (chaperones, custodians, etc.):
Boogie Oliver and Leilani Campbell

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

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	Polar Express and Santa
Sponsor	
Date Submitted	11.2.17

Purpose of fundraising activity: (What will the funds be used for? Be specific)
All funds generated will be used for all aspects of the band program - including travel for Florida Trip

Items to be sold:
Tickets to movie and meeting Santa - hot chocolate, milk and cookies, etc.

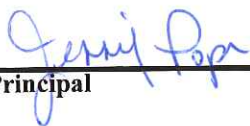
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
TCCHS Band

Date(s) scheduled:
12.8.17

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

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**

_____ **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	"Wonder" Movie Premiere
Sponsor	Jeff Williams
Date Submitted	11.2.17

Purpose of fundraising activity: (What will the funds be used for? Be specific)
All funds generated will be used for all aspects of the band program

Items to be sold:

See attached

The producers of Lionsgate films are seeking teachers and students interested in earning a percentage of box office ticket sales for the upcoming movie WONDER, which premieres on November 17.

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

Date(s) scheduled:

November 17-19

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


Jeff Williams

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

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	Donation letters
Sponsor	Jeff Williams
Date Submitted	11.2.17

Purpose of fundraising activity: (What will the funds be used for? Be specific)
All funds generated will be used for all aspects of the band program - including the Florida Trip

Items to be sold:
Donation requests

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

Date(s) scheduled:
11.27.17-12.1.18

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

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**

_____ **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	Chili Supper
Sponsor	Jeff Williams
Date Submitted	11.2.17

Purpose of fundraising activity: (What will the funds be used for? Be specific)
All funds generated will be used for all aspects of the band program - including Florida Trip

Items to be sold:
Chili supper and donations


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

Date(s) scheduled:
1.13.18

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

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**

	Date
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	Donation for Silent Auction
Sponsor	Jeff Williams
Date Submitted	11.6.17

Purpose of fundraising activity: (What will the funds be used for? Be specific)
Soliciting donations from Disney for our Silent Auction in February

Items to be sold:
Auction item(s) donated

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
All proceeds will benefit all aspects of the band program - including travel, equipment, supplies, etc.

Date(s) scheduled:
Auction to be held in February

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

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

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Baseball
External Support/Booster Organization	
Name of Fundraiser	Daddy Daughter Dance
Sponsor	TCCHS Baseball/ Josh Popplewell
Date Submitted	25-Oct-17

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 The purpose of the Daddy Daughter Dance is to raise money to help pay for equipment and uniform needs
 (shirts/hats/socks/belts/baseballs/paint/bats)

Items to be sold:
 Tickets for dance

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

Date(s) scheduled:
 Feb. 2018

Names of adult supervisors at activity (chaperones, custodians, etc.):
 Baseball Coaching Staff, boosters, and parents

Athletic Fundraiser	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involved: Baseball <i>Josh Popplewell</i> 10-25-17	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Corresponding sport participating in fundraiser?		

Coaches Signature (corresponding sport)	Date
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Circle One: Approved Not Approved

Josh Popplewell
 Principal

Date
 11/7/17
 Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Lady Rebels Basketball
External Support/Booster Organization	Lady Rebels Basketball
Name of Fundraiser	Spaghetti Dinner
Sponsor	
Date Submitted	11/03/2017

Purpose of fundraising activity: (What will the funds be used for? Be specific)
clothing, equipment, accessories for team

Items to be sold:
spaghetti dinner plates

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

Date(s) scheduled:
Jan 1 - Jan 31, 2018

Names of adult supervisors at activity (chaperones, custodians, etc.):
Andrea Milkowski/Michelle Rager

Athletic Fundraiser Yes ☒ No ☐
If yes, sport involved:

Corresponding sport participating in fundraiser? Yes ☐ No ☒

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	Lady Rebels Basketball
External Support/Booster Organization	Lady Rebels Basketball
Name of Fundraiser	Yard signs
Sponsor	
Date Submitted	10/17/2017

Purpose of fundraising activity: (What will the funds be used for? Be specific)
clothing, equipment, accessories for team

Items to be sold:
team yard signs

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

Date(s) scheduled:
November 14 - November 30, 2017

Names of adult supervisors at activity (chaperones, custodians, etc.):
Andrea Milkowski, Michelle Rager

Athletic Fundraiser
If yes, sport involved:

Yes ☒ No ☐

Corresponding sport participating in fundraiser?

Yes ☐ No ☒

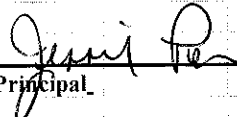
Coaches Signature (corresponding sport)

Date

Circle One:

Approved

Not Approved


Principal

Date
10/23/17

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Literary Magazine - Spilled Ink
External Support/Booster Organization	
Name of Fundraiser	T-shirts
Sponsor	Amanda Kennedy
Date Submitted	3-Nov-17

Purpose of fundraising activity: (What will the funds be used for? Be specific)
The Literary Magazine, "Spilled Ink," would like to raise funds to pay for transportation to and participation in literary activities such as visiting Barnes & Noble in Bowling Green, Kentucky for a store tour, visiting Western Kentucky University for sponsored programs.

Items to be sold:
T-shirts with the club logo

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
students involved in "Spilled Ink" literary magazine

Date(s) scheduled:
November 14 - December 15, 2017

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

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"/>
Coaches Signature (corresponding sport)		Date

Circle One: Approved Not Approved


Principal

Date
11/7/17
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Pep Club
External Support/Booster Organization	
Name of Fundraiser	Club Dues
Sponsor	Michelle Rager
Date Submitted	6-Nov-17

Purpose of fundraising activity: (What will the funds be used for? Be specific)
The funds will be used for the pep club to be able to make posters / signs / banners for different teams throughout the year
The funds will also be used to make goodie / treat bags to give to players throughout the year.

Items to be sold:
We are collecting club dues.

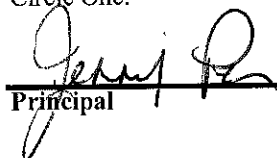
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
All TCCHS students with a focus on school spirit

Date(s) scheduled:
Periodically throughout the year.

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

Circle One: Approved Not Approved


Principal

Date
11/7/17
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date