

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	Todd County Middle School
Activity Account	Band
External Support/Booster Organization	N/A
Name of Fundraiser	HD Fundraising - Discount Cards
Sponsor	Carmichael
Date Submitted	October 19, 2017

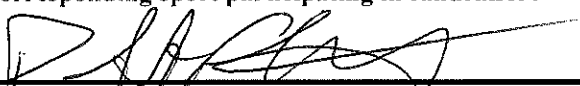
Purpose of fundraising activity: (What will the funds be used for? Be specific)  
Funds will be used to purchase instruments, music, and supplies for the band. Additionally, funds will support travel expenses for band functions, audition fees, and other fees associated with honor band and/or performance opportunities for our students.

Items to be sold:  
\$20 Discount Cards (local business)


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

Date(s) scheduled:  
December 2017 through January 2018

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

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"/>
	October 19, 2017	
Coaches Signature (corresponding sport)	Date	

Circle One:                      Approved                      Not Approved

David A. Carmichael	October 19, 2017
Sponsor (Requested by)	
 Principal	10/23/17 Date
SBDM Council (If Council Policy)	Date
Superintendent	Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

<b>School</b>	<b>TCMS</b>
<b>Activity Account</b>	<b>Youth Service Center</b>
<b>External Support/Booster Organization</b>	
<b>Name of Fundraiser</b>	<b>Youth Service Week</b>
<b>Sponsor</b>	<b>LeAnn Russell</b>
<b>Date Submitted</b>	<b>13-Oct-17</b>

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

To collect hygiene, household items, and clothing for students/families in need

**Items to be sold:**

NONE (Donations in exchange to wear jeans)

**Beneficiary of fundraising activity:**

(Who will receive the benefit of the funds)

Middle School Students/Families

**Date(s) scheduled:**

11/14/17-11/21/17

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

LeAnn Russell

**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

**Date**

**Principal**

**Date**

**SBDM Council (If Council Policy)**

**Date**

**Superintendent**

**Date**