

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Golf
External Support/Booster Organization	
Name of Fundraiser	Golf Scramble
Sponsor	Jan Martin
Date Submitted	1-Dec-17

Purpose of fundraising activity:

All funds from this fundraiser will go to the TCCHS Golf Team for uniforms, equipment, travel and entry fees

Items to be sold: Entry fee money to play, nothing to be sold

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

TCCHS Golf Team

Date(s) scheduled: Apr 14, 2018

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

Jan Martin, golf parents will help: Nakita Barrow, Julie Rager, Trent Law, Paul Barrow, Beth Nichols, Diane Hampton

Athletic Fundraiser	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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If yes, sport involved:

Corresponding sport participating in fundraiser?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
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Coaches Signature (corresponding sport)

Date

Circle One:

Approved

Not Approved

Principal

Date

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Softball
External Support/Booster Organization	Softball
Name of Fundraiser	FanCloth
Sponsor	Brandi Francies
Date Submitted	12/4/17

Purpose of fundraising activity: (What will the funds be used for? Be specific)
The purpose of the fundraiser is to generate funds for the softball team to purchase necessary equipment, provide meals, and any other expenses needed for the team.

Items to be sold:
Fundraising. FanCloth Apparel
Donations will also be accepted.

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

Date(s) scheduled:
February-April 2018

Names of adult supervisors at activity (chaperones, custodians, etc.):
Brandi Francies
Mary Beth Ray

Athletic Fundraiser	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involved: Softball		
Corresponding sport participating in fundraiser?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Coaches Signature (corresponding sport)	12/4/17 Date	

Circle One: Approved Not Approved


Principal

Date

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCHS
Activity Account	Softball
External Support/Booster Organization	Softball
Name of Fundraiser	Krispy Kreme
Sponsor	Brandi Francies
Date Submitted	12/4/17

Purpose of fundraising activity: (What will the funds be used for? Be specific)
The purpose of the fundraiser is to generate funds for the softball team to purchase necessary equipment, provide meals, and any other expenses needed for the team.

Items to be sold:
Fundraising- Krispy Kreme donuts
Donations will also be accepted.

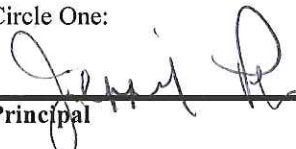
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
Softball Team

Date(s) scheduled:
Apr-18

Names of adult supervisors at activity (chaperones, custodians, etc.):
Brandi Francies
Mary Beth Ray

Athletic Fundraiser	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involved: Softball		
Corresponding sport participating in fundraiser?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Coaches Signature (corresponding sport)	12/4/17 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	Softball
External Support/Booster Organization	Softball
Name of Fundraiser	Donation Letters
Sponsor	Brandi Francies
Date Submitted	12/4/17

Purpose of fundraising activity: (What will the funds be used for? Be specific)
The purpose of the fundraiser is to generate funds for the softball team to purchase necessary equipment, provide meals, and any other expenses needed for the team.

Items to be sold:
Fundraising- Donation Letters
Donations will also be accepted.

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

Date(s) scheduled:
January - May 2018

Names of adult supervisors at activity (chaperones, custodians, etc.):
Brandi Francies
Mary Beth Ray

Athletic Fundraiser	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involved: Softball		
Corresponding sport participating in fundraiser?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Coaches Signature (corresponding sport)	12/4/17 Date	

Circle One: Approved Not Approved

 Principal	_____ Date
	_____ Date

SBDM Council (If Council Policy)	_____ Date
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Superintendent	_____ Date
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**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCHS
Activity Account	Softball
External Support/Booster Organization	Softball
Name of Fundraiser	Business Signs
Sponsor	Brandi Francies
Date Submitted	12/4/17

Purpose of fundraising activity: (What will the funds be used for? Be specific)
The purpose of the fundraiser is to generate funds for the softball team to purchase necessary equipment, provide meals, and any other expenses needed for the team.

Items to be sold:
Fundraising- Signs for Softball Field
Donations will also be accepted.

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

Date(s) scheduled:
January - May 2018

Names of adult supervisors at activity (chaperones, custodians, etc.):
Brandi Francies
Mary Beth Ray

Athletic Fundraiser	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involved: Softball		
Corresponding sport participating in fundraiser?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Coaches Signature (corresponding sport)	12/4/17 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	Softball
External Support/Booster Organization	Softball
Name of Fundraiser	Flower Power
Sponsor	
Date Submitted	### 12/4/17

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 The purpose of the fundraiser is to generate funds for the softball team to purchase necessary equipment, provide meals, and any other expenses needed for the team.

Items to be sold:
 Fundraising. (Flowers, bulbs, seeds,)
 Donations will also be accepted.

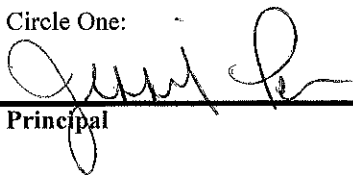
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 Softball Team

Date(s) scheduled:
 February 2018-March 2018

Names of adult supervisors at activity (chaperones, custodians, etc.):
 Brandi Francies
 Mary Beth Ray

Athletic Fundraiser	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involved: Softball		
Corresponding sport participating in fundraiser?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Coaches Signature (corresponding sport)	12/4/17 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	Softball
External Support/Booster Organization	Softball
Name of Fundraiser	Alumni Game
Sponsor	Brandi Francies
Date Submitted	12/4/17

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 The purpose of the fundraiser is to generate funds for the softball team to purchase necessary equipment, provide meals, and any other expenses needed for the team.

Items to be sold:
 Fundraising. (equipment, t-shirts, old jerseys, players fee)
 Donations will also be accepted.

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

Date(s) scheduled:
 March 24, 2018

Names of adult supervisors at activity (chaperones, custodians, etc.):
 Brandi Francies
 Mary Beth Ray

Athletic Fundraiser	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involved: Softball		
Corresponding sport participating in fundraiser?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Coaches Signature (corresponding sport)	12/4/17 Date	

Circle One: Approved Not Approved

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