

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

| | |
|---------------------------------------|-------------------------------|
| School | South Todd Elementary |
| Activity Account | Archery |
| External Support/Booster Organization | |
| Name of Fundraiser | Archery donations |
| Sponsor | Angie Craig and Ashly Wofford |
| Date Submitted | 11-Aug-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:
 October 2017 - June 2018

Names of adult supervisors at activity (chaperones, custodians, etc.):
 Angie Craig, Ashly Wofford

| | | |
|--|------------------------------|-----------------------------|
| 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 <u>12-12-17</u> |
|  SBDM Council (If Council Policy) | Date <u>12-12-17</u> |
| Superintendent | Date |

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|---------------------------------------|-------------------------------|
| School | South Todd Elementary |
| Activity Account | Archery |
| External Support/Booster Organization | |
| Name of Fundraiser | Archery T shirt sales |
| Sponsor | Angie Craig and Ashly Wofford |
| Date Submitted | 31-Oct-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-December 2017

Names of adult supervisors at activity (chaperones, custodians, etc.):
 Angie Craig, Ashly Wofford

| | | |
|--|------------------------------|-----------------------------|
| 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

| | |
|---|---|
| <p> _____ Principal</p> <p> _____ SBDM Council (If Council Policy)</p> <p>_____ Superintendent</p> | <p>Date <u>12-12-17</u></p> <p>Date <u>12-12-17</u></p> <p>Date</p> |
|---|---|

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|---------------------------------------|---------------------|
| School | South Todd |
| Activity Account | |
| External Support/Booster Organization | |
| Name of Fundraiser | Jump Rope for Heart |
| Sponsor | Robin Cardwell |
| Date Submitted | 11/30/2017 |

Purpose of fundraising activity: (What will the funds be used for? Be specific)
Money generated will be used to support the American Heart Association. Gift certificate will be given to the PE teacher to purchase equipment for PE classes based upon amount of funds raised.

Items to be sold:
Students ask for donations to the American Heart Association



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

Date(s) scheduled:
14-Feb-18

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

| | | |
|--|------------------------------|--|
| 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

| | |
|---|-------------------------|
|  | Date <u>12-12-17</u> |
| Principal | Date |
|  | <u>12-12-17</u> |
| SBDM Council (If Council Policy) | Date |
| _____ Superintendent | _____ Date |