

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Archery
External Support/Booster Organization	
Name of Fundraiser	Regional Archery Tournament
Sponsor	Boogie Oliver and Leilani Campbell
Date Submitted	6-Mar-18

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:
Concessions- food and drinks

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
Todd County Central High School Archery Team

Date(s) scheduled:
March 16-17, 2018

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

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"/>
Coaches Signature (corresponding sport)	Date	

Circle One: Approved Not Approved


Principal

Date
3/6/18
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	Concessions
Sponsor	Josh Popplewell/TCCHS Baseball
Date Submitted	28-Feb-18

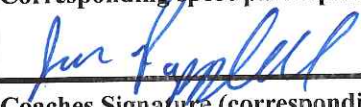
Purpose of fundraising activity: (What will the funds be used for? Be specific)
Raise money for baseballs, and field equipment.

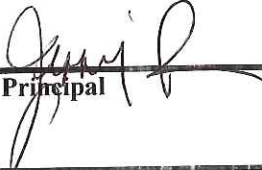
Items to be sold:
Concession items, food, drinks

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

Date(s) scheduled:
March 1- May 20

Names of adult supervisors at activity (chaperones, custodians, etc.):
Josh Popplewell, Troy Winders, Scott Smith, Parents

Athletic Fundraiser	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If yes, sport involved: Baseball				
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	Todd County Central High School
Activity Account	Cheer
External Support/Booster Organization	
Name of Fundraiser	Modern Woodmen Matching Funds - Mini Rebel Cheer Camp
Sponsor	Contessa Orr & Amber Gant
Date Submitted	3/6/2018

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

Modern Woodmen will match the funds raised on the Mini Rebel Cheer Camp that the squad is hosting.
Funds will be used for cheer supplies, cheer camp, replacement cheer uniforms
Mini Cheer Camp was approved at the February Board meeting

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

TCCHS Cheer Squad

Date(s) scheduled:
Saturday, April 14, 2018

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:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Corresponding sport participating in fundraiser?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Contessa Orr, Amber Gant	3/6/2018	
Coaches Signature (corresponding sport)	Date	

Circle One: Approved Not Approved


Principal

SBDM Council (If Council Policy)

Superintendent

Date

Date

Date

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Softball
External Support/Booster Organization	Softball
Name of Fundraiser	Concessions
Sponsor	Brandi Francies
Date Submitted	###

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 to purchase equipment and provide meals for the softball team.

Items to be sold:

Concession items (food and drinks)

Beneficiary of fundraising activity:

(Who will receive the benefit of the funds)

Softball

Date(s) scheduled:

March 1-June 1

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

Brandi Francies, Mary Beth Ray, Kayla Watkins, Parents

Athletic Fundraiser

Yes ☒ No ☐

If yes, sport involved:

Corresponding sport participating in fundraiser?

Yes ☒ No ☐

Brandi Francies

Coaches Signature (corresponding sport)

Date

Circle One:

Approved

Not Approved

Date

Jerry D.
Principal

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date