

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Central High School
Activity Account	Cheer
External Support/Booster Organization	
Name of Fundraiser	TCCHS Fall Sports Program
Sponsor	Amber Gant
Date Submitted	5/1/2018

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

The funds from the ads and sale of the sports programs at games will be used to purchase cheer equipment, additional uniforms, accessories and spirit items needed throughout the year.

Items to be sold:

Cheerleaders will sell ad space to local businesses and parents to be placed in the Fall Sports Program. The sports programs will be sold at fall sporting events.

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

TCCHS Cheer Squad

Date(s) scheduled:

6/18 - 7/27 - sell ads; 8/10 - 9/27/18 sell Fall Sports Programs at games

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

Amber Gant

Athletic Fundraiser	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involved:		
Corresponding sport participating in fundraiser?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<i>Amber Gant</i>		5/1/2018
Coaches Signature (corresponding sport)		Date

Circle One: Approved Not Approved

[Signature] Date _____
Principal

SBDM Council (If Council Policy) Date _____

Superintendent Date _____

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Boys' Basketball
External Support/Booster Organization	
Name of Fundraiser	Basketball Camp
Sponsor	Frank Johnson
Date Submitted	4/20/2018

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 The purpose of the fundraiser is to generate funds for the Boys' Basketball team, to be used for (but not mimited to) equipment, uniforms, travel, etc., as needed for the 2018 - 2019 school year.

Items to be sold:
 The cost to attend the camp is the only item to be "sold."

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 Boys' Basketball Team

Date(s) scheduled:
 May 29 - 31, 2018

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

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

Circle One: Approved Not Approved

Principal [Signature] Date _____

SBDM Council (If Council Policy) Date _____

Superintendent Date _____

2018 TODD COUNTY CENTRAL BOYS BASKETBALL CAMP

For: All boys who will be in grades 2-9 for the 2018-2019 school year.

May 29,30,31

TIME Grades 2-4 8:00- 10:00

Grades 5-9 11:00- 1:00

Coach Frank Johnson and his coaching staff with others coaches and current, former players will conduct the Camp. The camp will stress the basic fundamentals of basketball along with many types of competitions such as Free throw, dribbling, passing, three point shooting and lay-ups and defense man to man. Camp cost _____ \$35.00

(\$10.00 less for the 2nd immediate family member)

All checks should be made payable to Todd County Athletics (att: boys' basketball)

Application along with payment in full should be mailed to:

Todd County Boys Basketball Camp

C/O Coach Frank Johnson

Todd County Central High School

806 South Main Street

Elkton, KY 42220

(Detach and mail with payment)

Camper's Name _____

Age _____

Address: _____

Phone _____

School attending 2018-2019 _____

Grade in fall 2018 _____

Shirt Size (Circle one) Boys S M L XL

Men's S M L XL 2X

We, as parents, hereby give permission for _____ to participate in Todd County Boys Basketball Camp. We have read this application form and understand the requirements. We also acknowledge that he is physically able to participate in camp activities. We hereby waive and release the camp and Todd County Public Schools from any liability for any injuries while attending camp. This application is for May 30,31 and June 1.

Parent/Guardian Signature _____ Date : _____