

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Band
External Support/Booster Organization	
Name of Fundraiser	July 4th Concessions
Sponsor	TCCHS Band
Date Submitted	5-Jun-18

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

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 Band

Date(s) scheduled:  
3-Jul-18

Names of adult supervisors at activity (chaperones, custodians, etc.):  
TCCHS Band director and Band Boosters

Athletic Fundraiser	Yes <input checked="" type="checkbox"/>	No <input checked="" 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

6/5/18  
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Boys Basketabl
External Support/Booster Organization	
Name of Fundraiser	July 4th Concessions
Sponsor	TCCHS Boys Basketball Team
Date Submitted	5-Jun-18

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
Funds will be used for the TCCHS Boys Basketball team.

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 Boys Basketball Team

Date(s) scheduled:  
3-Jul-18

Names of adult supervisors at activity (chaperones, custodians, etc.):  
TCCHS Boys Basketball and Sports Boosters

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

Date

6/5/18

Date

Principal

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Girls Basketabl
External Support/Booster Organization	
Name of Fundraiser	July 4th Concessions
Sponsor	TCCHS Girls Basketball Team
Date Submitted	5-Jun-18

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
Funds will be used for the TCCHS Girls Basketball team.

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 Girls Basketball Team.

Date(s) scheduled:  
3-Jul-18

Names of adult supervisors at activity (chaperones, custodians, etc.):  
TCCHS Girls Basketball and Sports Boosters

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

6/5/18  
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Project Graduation 2019
External Support/Booster Organization	
Name of Fundraiser	City Saver Booklets
Sponsor	Project Graduation Committee & Parents
Date Submitted	5-Jun-18

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
Raise money and funds for Project Graduation events and prizes

Items to be sold:

Sale of City Saver Booklets - Clarksville and Nashville coupon booklets - by senior class

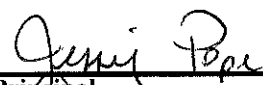
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
Project Graduation

Date(s) scheduled:  
TBD - February/March 2019

Names of adult supervisors at activity (chaperones, custodians, etc.):  
Melissa Morgan, Project Graduation Chairman  
Class of 2019 Parents

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 type="checkbox"/>
Coaches Signature (corresponding sport)	Date	

Circle One:                      Approved                      Not Approved

  
Principal

Date  
6/5/18  
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

<b>School</b>	<b>TCCHS</b>
<b>Activity Account</b>	<b>Project Graduation 2019</b>
<b>External Support/Booster Organization</b>	
<b>Name of Fundraiser</b>	<b>Dairy Queen Night</b>
<b>Sponsor</b>	<b>Project Graduation Committee &amp; Parents</b>
<b>Date Submitted</b>	<b>5-Jun-18</b>

**Purpose of fundraising activity:** (What will the funds be used for? Be specific)  
Raise money and funds for Project Graduation events and prizes

**Items to be sold:**  
Tickets, tshirts, concessions, sponsorship, and senior spirit items


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

**Date(s) scheduled:**  
August 2018 - May 2019

**Names of adult supervisors at activity (chaperones, custodians, etc.):**  
Melissa Morgan, Project Graduation Chairman  
Class of 2019 Parents

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

Circle One:                      **Approved**                      **Not Approved**

  
Principal

**Date**  
6/5/18  
**Date**

**SBDM Council (If Council Policy)**

**Date**

**Superintendent**

**Date**

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

<b>School</b>	<b>TCCHS</b>
<b>Activity Account</b>	<b>Project Graduation 2019</b>
<b>External Support/Booster Organization</b>	
<b>Name of Fundraiser</b>	<b>Harlem Wizards</b>
<b>Sponsor</b>	<b>Project Graduation Committee &amp; Parents</b>
<b>Date Submitted</b>	<b>5-Jun-18</b>

**Purpose of fundraising activity:** (What will the funds be used for? Be specific)  
**Raise money and funds for Project Graduation events and prizes**

**Items to be sold:**  
**Harlem Wizards tickets, merchandise, prizes, games, and concessions.**

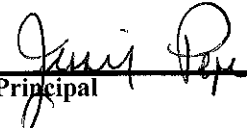
**Beneficiary of fundraising activity:** (Who will receive the benefit of the funds)  
**Project Graduation**

**Date(s) scheduled:**  
**TBD - February/March 2019**

**Names of adult supervisors at activity (chaperones, custodians, etc.):**  
**Melissa Morgan, Project Graduation Chairman**  
**Class of 2019 Parents**

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

Circle One:                      **Approved**                      **Not Approved**

  
**Principal**

**Date**  
**6/5/18**  
**Date**

**SBDM Council (If Council Policy)**

**Date**

**Superintendent**

**Date**

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

<b>School</b>	<b>TCCHS</b>
<b>Activity Account</b>	<b>Project Graduation 2019</b>
<b>External Support/Booster Organization</b>	
<b>Name of Fundraiser</b>	<b>Powder Puff Football Game</b>
<b>Sponsor</b>	<b>Project Graduation Committee &amp; Parents</b>
<b>Date Submitted</b>	<b>5-Jun-18</b>

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

Raise money and funds for Project Graduation events and prizes

**Items to be sold:**

Tickets, tshirts, concessions, sponsorship, and senior spirit items

**Beneficiary of fundraising activity:**

(Who will receive the benefit of the funds)

Project Graduation

**Date(s) scheduled:**

October

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

Melissa Morgan, Project Graduation Chairman

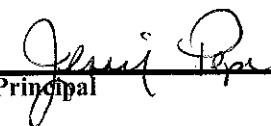
Class of 2019 Parents

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

Circle One:

Approved

Not Approved

  
Principal

Date

6/5/18

Date

**SBDM Council (If Council Policy)**

Date

**Superintendent**

Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Project Graduation 2019
External Support/Booster Organization	
Name of Fundraiser	Silent Auction
Sponsor	Project Graduation Committee & Parents
Date Submitted	5-Jun-18

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
Raise money and funds for Project Graduation events and prizes

Items to be sold:  
Silent auction on gift baskets and donations to benefit project graduation

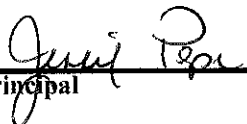
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
Project Graduation

Date(s) scheduled:  
TBD - February/March 2019

Names of adult supervisors at activity (chaperones, custodians, etc.):  
Melissa Morgan, Project Graduation Chairman  
Class of 2019 Parents

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 type="checkbox"/>
Coaches Signature (corresponding sport)	Date	

Circle One:                      **Approved**                      **Not Approved**

  
Principal

Date  
6/5/18  
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date



**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Soccer
External Support/Booster Organization	
Name of Fundraiser	July 4th Concessions
Sponsor	TCCHS Soccer Team
Date Submitted	5-Jun-18

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
 Funds will be used for the TCCHS Soccer team.

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 Soccer Team.

Date(s) scheduled:  
 3-Jul-18

Names of adult supervisors at activity (chaperones, custodians, etc.):  
 TCCHS Soccer Team and Sports Boosters

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  
 6/5/18

SBDM Council (If Council Policy)

Date

Superintendent

Date

# SCHOOL ACTIVITY FUND FUNDRAISER APPROVAL

<b>School</b>	<b>TCCHS</b>
<b>Activity Account</b>	<b>Softball</b>
<b>External Support/Booster Organization</b>	
<b>Name of Fundraiser</b>	<b>July 4th Concessions</b>
<b>Sponsor</b>	<b>TCCHS Softball Team</b>
<b>Date Submitted</b>	<b>5-Jun-18</b>

**Purpose of fundraising activity:** (What will the funds be used for? Be specific)  
**Funds will be used for the TCCHS Softball team.**

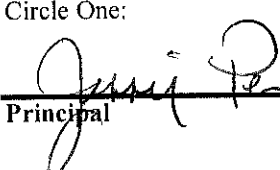
**Items to be sold:**  
**Concessions- food and drinks**

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

**Date(s) scheduled:**  
**3-Jul-18**

**Names of adult supervisors at activity (chaperones, custodians, etc.):**  
**TCCHS Softball Team and Sports Boosters**

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

Circle One: 	<b>Approved</b> <input checked="" type="checkbox"/> <b>Not Approved</b> <input type="checkbox"/>	<b>Date</b> 6/5/18
<b>Principal</b>		<b>Date</b>
<b>SBDM Council (If Council Policy)</b>		<b>Date</b>
<b>Superintendent</b>		<b>Date</b>

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	79 - Volleyball
External Support/Booster Organization	
Name of Fundraiser	Car Wash
Sponsor	Morganne Mullen and Addison James
Date Submitted	6/5/2018

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
The funds will be raised to pay for tournament fees, player senior banners, t-shirts, roses for senior night, and other general volleyball expenses.

Items to be sold:  
The Volleyball team will conduct car washing services at the IGA in Elkton to raise money.  
The players will charge \$5.00 per car and accept donations on behalf of the volleyball team.

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
2018 Girls Volleyball Team

Date(s) scheduled:  
July 30th - August 4th are all potential dates

Names of adult supervisors at activity (chaperones, custodians, etc.):  
Morganne Mullen and Addison James

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"/>
Volleyball		
Coaches Signature (corresponding sport)	Date	

Circle One:      Approved      Not Approved

  
Principal

Date  
6/5/18  
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	79 - Volleyball
External Support/Booster Organization	
Name of Fundraiser	Car Wash
Sponsor	Morganne Mullen and Addison James
Date Submitted	6/5/2018

**Purpose of fundraising activity:** (What will the funds be used for? Be specific)  
 The funds will be raised to pay for tournament fees, player senior banners, t-shirts, roses for senior night, and other general volleyball expenses.

**Items to be sold:**  
 The team will sell Krispy Kreme donuts through a fundraising collaboration. Donations will also be accepted.

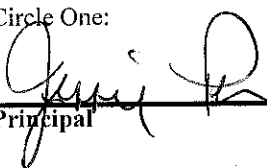
**Beneficiary of fundraising activity:** (Who will receive the benefit of the funds)  
 2018 Girls Volleyball Team

**Date(s) scheduled:**  
 August 27 - September 7

**Names of adult supervisors at activity (chaperones, custodians, etc.):**  
 Morganne Mullen and Addison James

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"/>
Volleyball				
Coaches Signature (corresponding sport)	Date			

Circle One:      **Approved**      **Not Approved**

  
 Principal

Date  
 6/5/18  
 Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	79 - Volleyball
External Support/Booster Organization	
Name of Fundraiser	Door Hanger Paint Party
Sponsor	Morganne Mullen and Addison James
Date Submitted	6/5/2018

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
The funds will be raised to pay for tournament fees, player senior banners, t-shirts, roses for senior night, and other general volleyball expenses.

Items to be sold:  
Volleyball players will sell tickets to a paint party for \$25 each. Once at the paint party, the ticketholder will paint a pre-cut door hanger template. At the end of the paint party, the ticketholder will take home their painted door hanger. Donations will also be accepted on behalf of the Volleyball team.

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
2018 Girls Volleyball Team

Date(s) scheduled:  
August 18th or 25th 2018

Names of adult supervisors at activity (chaperones, custodians, etc.):  
Morganne Mullen and Addison James

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"/>
Volleyball		
Coaches Signature (corresponding sport)	Date	

Circle One:                      Approved                      Not Approved

  
Principal

Date  
6/5/18  
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Volleyball
External Support/Booster Organization	
Name of Fundraiser	July 4th Concessions
Sponsor	TCCHS Volleyball Team
Date Submitted	5-Jun-18

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
Funds will be used for the TCCHS Volleyball team.

Items to be sold:  
Concessions- food and drinks

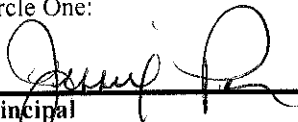
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
Todd County Central High School Volleyball Team.

Date(s) scheduled:  
3-Jul-18

Names of adult supervisors at activity (chaperones, custodians, etc.):  
TCCHS volleyball Team and Sports Boosters

Athletic Fundraiser	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involved:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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  
6/5/18  
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date