

School	Todd County Middle School
Activity Account	Cheerleading
External Support/Booster Organization	
Name of Fundraiser	Fundraising Night at Local Restaurants
Sponsor	April Griffin
Date Submitted	5/21/2018

Date(s) scheduled: ~~June~~/July 2018 *after 7/10/18*

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			

April Ingler
Sponsor (Requested by)

Principal 

SBDM Council (If Council Policy)

Superintendent _____

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Middle School
Activity Account	Cheerleading
External Support/Booster Organization	
Name of Fundraiser	Basketball Concession Stand
Sponsor	April Griffin
Date Submitted	5/21/2018

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 The funds raised will help pay for cheer expenses.
 examples: warm up jackets, poms, tshirts, cheer banquet

Items to be sold:
 Drinks, popcorn, nachos, candy, hotdogs, etc

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 The cheerleading account/individual cheerleaders

Date(s) scheduled:
 September 2018-January 2019

Names of adult supervisors at activity (chaperones, custodians, etc.):
 April Griffin & Sydney Rager

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

April Griffin
 Sponsor (Requested by)

5-21-18

[Signature]
 Principal

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

A

School	TCMS
Activity Account	Dance Team
External Support/Booster Organization	
Name of Fundraiser	Staff Meal
Sponsor	Katherine Power Cole
Date Submitted	

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 Uniforms, Dance wear, Shoes, Competition Fees, Competition Hotel Rooms, and/or Poms

Items to be sold:
 Pre-selling meals to school staff on days cafeteria is closed. Grilled food items with chips, drink, & dessert.

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

Date(s) scheduled:
 August 1st-6th Pre-sale August 7th Delivery, October 1st-7th Pre-Sale Oct. 8th Delivery

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

Katherine Power Cole

Suzanne Harper

Ashly Wofford

Athletic Fundraiser Yes ☐ No ☒

If yes, sport involved:

Corresponding sport participating in fundraiser? Yes ☐ No ☒

Coaches Signature (corresponding sport)

Date 10-16-18

Circle One: ☐ Approved ☐ Not Approved

Principal

Date

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

A

School	TCMS
Activity Account	Dance Team
External Support/Booster Organization	
Name of Fundraiser	Little Debbies
Sponsor	Katherine Power Cole
Date Submitted	

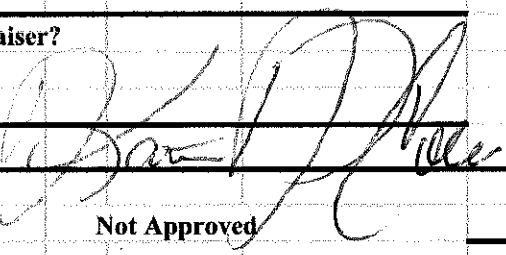
Purpose of fundraising activity: (What will the funds be used for? Be specific)
Uniforms, Dance wear, Shoes, Competition Fees, Competition Hotel Rooms, and/or Poms

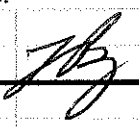
Items to be sold:
Little debbie snack cakes, various varieties.

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

Date(s) scheduled:
August-September

Names of adult supervisors at activity (chaperones, custodians, etc.):
Katherine Power Cole
Suzanne Harper
Ashly Wofford

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 6-16-18	

Circle One:	Approved	Not Approved	
Principal			Date
SBDM Council (If Council Policy)			Date
Superintendent			Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

A

School	TCMS
Activity Account	Dance Team
External Support/Booster Organization	
Name of Fundraiser	Football Concessions
Sponsor	Katherine Power Cole
Date Submitted	

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

Uniforms, Dance wear, Shoes, Competition Fees, Competition Hotel Rooms, and/or Poms

Items to be sold:

Various concession items.

Beneficiary of fundraising activity:

(Who will receive the benefit of the funds)

All Dancers

Date(s) scheduled:

All TCMS Football games

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

Katherine Power Cole

Suzanne Harper

Ashly Wofford

Athletic Fundraiser

Yes

☐

No

☒

If yes, sport involved:

Corresponding sport participating in fundraiser?

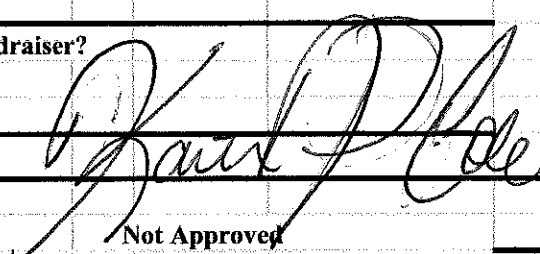
Yes

☐

No

☒

Coaches Signature (corresponding sport)



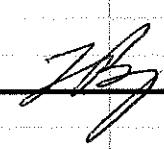
Date 6-16-18

Circle One:

Approved

Not Approved

Principal



Date

SBDM Council (If Council Policy)

Date

Superintendent

Date