

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Cheerleading
External Support/Booster Organization	
Name of Fundraiser	FanCloth Apparel
Sponsor	Amber Gant
Date Submitted	7/9/2018

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 The funds from this activity will be used to purchase new uniforms, signs, apparel and other cheer supplies

Items to be sold:
 FanCloth - t-shirts and other apparel with the TCCHS logo


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

Date(s) scheduled:
 August 14, 2018 - September 15, 2018

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 cheerleading		
Corresponding sport participating in fundraiser?	Yes <input checked="" 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	Look What's Poppin' Popcorn
Sponsor	Amber Gant
Date Submitted	7/31/2018

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

The funds from this activity will be used to purchase new uniforms, signs, apparel and other cheer supplies

Items to be sold:
Popcorn

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

TCCHS Cheer Squad

Date(s) scheduled:
10-1-18 to 11-1-18

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"/>
Amber Gant				7/31/2018
Coaches Signature (corresponding sport)				Date

Circle One: **Approved** Not Approved


Principal

_____ Date

_____ 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	Mini Cheer Camp
Sponsor	Amber Gant
Date Submitted	7/31/2018

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

The funds from this activity will be used to purchase new uniforms, signs, apparel and other cheer supplies

Items to be sold:

Cost to attend the camp

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

TCCHS Cheer Squad

Date(s) scheduled:

January- One Saturday TBA

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>	7/31/2018	
Coaches Signature (corresponding sport)	Date	

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

Debra H
Principal

SBDM Council (If Council Policy)

Superintendent

Date

Date

Date

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Central High School
Activity Account	Cheer
External Support/Booster Organization	
Name of Fundraiser	Schlabach's Bakery
Sponsor	Amber Gant
Date Submitted	7/31/2018

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

The funds from this activity will be used to purchase new uniforms, signs, apparel and other cheer supplies

Items to be sold:

Schlabach Bakery Items

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

TCCHS Cheer Squad

Date(s) scheduled:

10-15-2018-11-15-2018

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"/>
Amber Gant	7/31/2018	
Coaches Signature (corresponding sport)	Date	

Circle One: **Approved** Not Approved


Principal

Date

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	Breast Cancer Awareness T-Shirts
Sponsor	Amber Gant
Date Submitted	7/31/2018

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

The funds from this activity will be used to purchase new uniforms, signs, apparel and other cheer supplies

Items to be sold:

Breast Cancer T-shirts

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

TCCHS Cheer Squad

Date(s) scheduled:

11-15-18 to 12-31-18

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>		7/31/2018
Coaches Signature (corresponding sport)		Date

Circle One:

Approved

Not Approved

Date

Heath Z
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	TCCHS t-shirts/apparel through Fan Cloth
Sponsor	Amber Gant
Date Submitted	7/31/2018

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

The funds from this activity will be used to purchase new uniforms, signs, apparel and other cheer supplies

Items to be sold:

Fan Cloth - t-shirts and other apparel with TCCHS logo

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

TCCHS Cheer Squad

Date(s) scheduled:

11-15-2018 to 12-15-2018

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"/>
Amber Gant				7/31/2018
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	TCCHS
Activity Account	Dance Team
External Support/Booster Organization	
Name of Fundraiser	Butterbraids
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:
 Frozen butterbraids, frozen pastries

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

Date(s) scheduled:
 September-November

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

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"/>

Marnie Broadway
 Coaches Signature (corresponding sport) _____ Date _____

Circle One: Approved Not Approved

Heath Z _____ Date _____

Principal _____ Date _____

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

A

School	TCCHS
Activity Account	Dance Team
External Support/Booster Organization	
Name of Fundraiser	Dance Camp
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:
 TCCHS Dancers will be leading a camp for elementary and middle school age dancer Dancers will learn a dance to perform at a TCCHS home game and basketball game. Dates would be decided based on which one works best with the athletic dep. Also, participants would receive a t-shirt included in their camp fee.

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

Date(s) scheduled:
 2018-2019 Football Game
 2019 Basketball Game

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

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>Minnie Broady</i>				
Coaches Signature (corresponding sport)			Date	

Circle One:	Approved	Not Approved	
<i>Heather</i>			Date
Principal			Date
SBDM Council (If Council Policy)			Date
Superintendent			Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

A

School	TCCHS
Activity Account	Dance Team
External Support/Booster Organization	
Name of Fundraiser	Rada Knives
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:
 Rada Knives and kitchen utensils. Knives will be delivered after school hours and not on the campus.

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

Date(s) scheduled:
 October

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

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?				
<i>Winnie Broady</i>				
Coaches Signature (corresponding sport)				Date

Circle One:	Approved	Not Approved	
<i>[Signature]</i>			Date
Principal			Date
SBDM Council (If Council Policy)			Date
Superintendent			Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	FFA
External Support/Booster Organization	
Name of Fundraiser	Painting the Parking Lot Spaces
Sponsor	Julie Gilliam; Brooke White
Date Submitted	8/6/2018

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 The fundraiser will help to provide funding for activities and events in which the FFA participates as well as provide money for the club to help with the costs of travel.

Items to be sold:
 Students will pay a fee to be able to paint/personalize their parking spot at the high school (see guidelines).

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

Date(s) scheduled:
 August, 2018 and February, 2019

Names of adult supervisors at activity (chaperones, custodians, etc.):
 Julie Gilliam; Brooke White; Alma Guerra (FFA President)

Athletic Fundraiser 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 _____
	Date _____
SBDM Council (If Council Policy) _____	Date _____
	Date _____
Superintendent _____	Date _____

Todd Central FFA would like to allow all students to paint their parking spots. Whenever students purchase a parking pass, they would be allowed to pay an additional \$40 to paint their personal spot. All designs will need to be approved by Julie Gilliam, FFA Advisor, and Alma Guerra, FFA President. If any designs are painted that are vulgar or against the official guidelines, the FFA Executive Committee will paint over these spots. The Executive Committee will also be responsible for all cleanup. We would like to take two Saturdays out of the month of August and two Saturdays out of the month of February to host "Painting Days." This will allow the students who get their license in the middle of the school year to paint their spots. Allowing students to paint their spots will help them to see their spots better and will eliminate the need for people to steal other's parking spots. We will be advertising this for all students at Todd Central and we will encourage people to buy their passes early so they will be able to attend our "Painting Days."

RULES

1. No spray paint.
2. Must use household latex paint.
3. All designs must be approved.
4. Must paint in your spot only- do NOT cover lines!
5. No offensive language, pictures, or symbols. No negative or rude language. No gang signs, symbols, or affiliation. No controversial characters or sayings. No double meanings. (If these items are painted, they will immediately be painted over and the student will pay a \$25 fine.)
6. You are allowed to use your name only. No boyfriend, girlfriend, or best friend names allowed.
7. No sharing parking spots.
8. Everyone must check in with their approved design, parking pass, and agreement form before they begin to paint.

HELPFUL HINTS

- Paint your parking spot white before you paint your design to allow the color to be vibrant.
- You do not have to paint your entire spot.
- Draw your design with chalk first.

PARKING SPOT AGREEMENT FORM

1. Upon arrival to the "Painting Day," I will check in with my approved design, an updated parking pass, and the agreement form before I begin to paint.
2. I know I am not allowed to spray paint my parking spot.
3. I will only paint my assigned parking spot and will not cover the lines.
4. I know I will have to bring my own materials.
5. I will only park and paint my assigned parking spot, never anyone else's.
6. I will not paint anything that is vulgar or unapproved or else I will be charged an additional \$25 fine and I will not be allowed to repaint my spot.
7. I will only paint on Todd Central's Painting Days.

Student Signature_____

Parent Signature_____

Approval Signature_____

Attach design to this form or sketch design on back of form.

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Girls Soccer
External Support/Booster Organization	
Name of Fundraiser	Fancloth Sales
Sponsor	Katie Rose Covington
Date Submitted	6-Aug-18


Purpose of fundraising activity: (What will the funds be used for? Be specific)
to purchase items for the girls soccer team such as uniforms, equipment, & for banquet

Items to be sold:
Apparel

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

Date(s) scheduled:
Fall 2018 End of August

Names of adult supervisors at activity (chaperones, custodians, etc.):
Katie Rose Covington, Holly Lawson

Athletic Fundraiser	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involved Girls Soccer		
Corresponding sport participating in fundraiser?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	8-6-18	
Coaches Signature (corresponding sport)	Date	

Circle One: Approved Not Approved

Principal

Date

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCHS
Activity Account	Girls Soccer
External Support/Booster Organization	
Name of Fundraiser	Donation Letters
Sponsor	Katie Rose Covington
Date Submitted	6-Aug-18

Purpose of fundraising activity: (What will the funds be used for? Be specific)
to purchase items for the girls soccer team such as uniforms, equipment, & for banquet

Items to be sold:
None Asking for donations

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

Date(s) scheduled:
Fall 2018 End of August

Names of adult supervisors at activity (chaperones, custodians, etc.):
Katie Rose Covington, Holly Lawson

Athletic Fundraiser	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involved Girls Soccer	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Corresponding sport participating in fundraiser?	8-6-18	
Coaches Signature (corresponding sport)	Date	

Circle One: Approved Not Approved

Principal

Date

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Girls Soccer
External Support/Booster Organization	
Name of Fundraiser	Mums Sales
Sponsor	Katie Rose Covington
Date Submitted	6-Aug-18


Purpose of fundraising activity: (What will the funds be used for? Be specific)
to purchase items for the girls soccer team such as uniforms, equipment, & for banquet

Items to be sold:
Selling Mums

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

Date(s) scheduled:
Fall 2018 End of September

Names of adult supervisors at activity (chaperones, custodians, etc.):
Katie Rose Covington, Holly Lawson

Athletic Fundraiser	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involved Girls Soccer		
Corresponding sport participating in fundraiser?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	8-6-18	
Coaches Signature (corresponding sport)	Date	

Circle One: Approved Not Approved

Principal

Date

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Central High School
Activity Account	Athletic - Boys Soccer
External Support/Booster Organization	Boys Soccer
Name of Fundraiser	Fall Mum Sale
Sponsor	Colby Bicksler
Date Submitted	8/6/18


Purpose of fundraising activity: (What will the funds be used for? Be specific)
This is soccer's fall fundrasier which is used to purchase sports equipment (balls, nets, field care, uniforms)
used to play soccer and to train for soccer.

Items to be sold:
Mums grown by The Bloomery

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
Highschool Boy soccer players

Date(s) scheduled:
08/20/2018 - 10/01/18

Names of adult supervisors at activity (chaperones, custodians, etc.):
Colby Bicksler - coach
Andrea Jones - Soccer Booster club treasurer

Athletic Fundraiser	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involved Soccer		
Corresponding sport participating in fundraiser? Soccer	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	8-5-18	
Coaches Signature (corresponding sport)	Date	

Circle One: Approved Not Approved


Principal

_____ Date

_____ Date

SBDM Council (If Council Policy)

_____ Date

Superintendent

_____ Date