

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	Todd County Middle School
Activity Account	Band
External Support/Booster Organization	N/A
Name of Fundraiser	Kroger Community Rewards
Sponsor	Dipasquale
Date Submitted	7/20/18

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
Supplies & equipment for band.

Items to be sold:  
Rewards Program

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

Date(s) scheduled:  
Year - long

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

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	

Circle One: Approved Not Approved

Heather Dipasquale

7/20/2018

Sponsor (Requested by)

  
Principal

7/23/18  
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	Todd County Middle School
Activity Account	Band
External Support/Booster Organization	N/A
Name of Fundraiser	Century Resources
Sponsor	Dipasquale
Date Submitted	7/20/18

Purpose of fundraising activity:  
Supplies & equipment for band.

(What will the funds be used for? Be specific)

Items to be sold:  
candy/cheese/sausage/etc.

Beneficiary of fundraising activity:  
TCMS Band students

(Who will receive the benefit of the funds)

Date(s) scheduled:  
August

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

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	

Circle One: Approved Not Approved

Heather Dipasquale

7/20/2018

Sponsor (Requested by)

Principal [Signature]

7/23/18  
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	Todd County Middle School
Activity Account	Library
External Support/Booster Organization	N/A
Name of Fundraiser	Book Fair
Sponsor	Melanie Vincent
Date Submitted	7/19/18

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
To purchase books for library while providing books for individual students to purchase for their personal libraries.

Items to be sold:  
Books

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)  
Library and students of TCMS

Date(s) scheduled:  
October 15-19, 2018 AND April 15-19, 2019

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

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	

Circle One: Approved Not Approved

Melanie Vincent

7/19/2018

Sponsor (Requested by)

Principal

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	Todd County Middle School
Activity Account	Academic Team
External Support/Booster Organization	N/A
Name of Fundraiser	Pop Sockets for School Spirit
Sponsor	Melanie Vincent
Date Submitted	7/19/18

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
 The Academic Teams travels to other counties for competitions. The funds will be used for travel, apparel for team to look uniform, material for team to study, and batteries for our buzzer system.

Items to be sold:  
 Pop Socket phone accessory with TC logo

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

Date(s) scheduled:  
 August 17-September 17

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

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	

Circle One: Approved Not Approved

Melanie Vincent

7/19/2018

Sponsor (Requested by)

Principal

7/23/18  
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	Todd County Middle School
Activity Account	Student Rewards
External Support/Booster Organization	N/A
Name of Fundraiser	Dances
Sponsor	Carmichael
Date Submitted	7/23/18

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
Funds will be used for student rewards, activities, and travel throughout the school year.

Items to be sold:  
Tickets to dances & concessions

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

Date(s) scheduled:  
Once each month

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

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	

Circle One: Approved Not Approved

David Carmichael

Sponsor (Requested by)

7/23/2018

Principal

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	Todd County Middle School
Activity Account	Student Rewards
External Support/Booster Organization	N/A
Name of Fundraiser	T-shirt sales
Sponsor	Carmichael
Date Submitted	7/23/18

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
Funds will be used for student rewards, activities, and travel throughout the school year.

Items to be sold:  
T-shirts (pre-sale)

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

Date(s) scheduled:  
Initially, at the start of the school year; but will also sell surplus throughout the school year.

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

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	

Circle One: Approved Not Approved

David Carmichael

7/23/2018

Sponsor

(Requested by)

Principal

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date