

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

| | |
|---------------------------------------|-----------------------------------|
| School | TCCHS |
| Activity Account | Drama |
| External Support/Booster Organization | NONE |
| Name of Fundraiser | School plays, musicals, showcases |
| Sponsor | Lisa Petrie |
| Date Submitted | 8/30/ |

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

Club will perform plays and request a cost of admission for each attendee and/or donations to the club. Club will have light concessions

Items to be sold:
tickets/donations/concessions at plays

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
Drama Club - purchasing scripts, Costumes, props

Date(s) scheduled:
TBA through the school year

Names of adult supervisors at activity (chaperones, custodians, etc.):
Lisa Petrie and volunteers *Lisa Petrie*

| | | | | |
|--|------|--------------------------|----|--------------------------|
| Athletic Fundraiser | Yes | <input 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"/> |
| Coaches Signature (corresponding sport) | Date | | | |

Circle One: ☐ Approved ☐ Not Approved

Debbie K. Date *8-30-18*
Principal Date

SBDM Council (If Council Policy) Date

Superintendent Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

| | |
|---------------------------------------|---------------------------------|
| School | Todd County Central High School |
| Activity Account | |
| External Support/Booster Organization | Girls Basketball |
| Name of Fundraiser | Car Wash |
| Sponsor | Girls Basketball |
| Date Submitted | 8/29/2018 |

Purpose of fundraising activity: (What will the funds be used for? Be specific)
To raise funds to help support the girls basketball team. For travel and equipment

Items to be sold:
washing vehicles

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

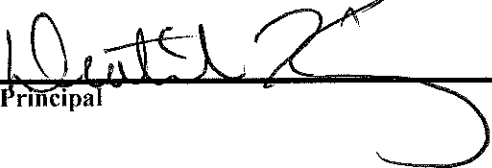
Date(s) scheduled:
Sep-18

Names of adult supervisors at activity (chaperones, custodians, etc.):
Travis Lovan
Ariel Johnson
Melissa Weathers

| | | | | |
|--|------|-------------------------------------|----|--------------------------|
| 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"/> |
| Travis Lovan | | | | |
| 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 | |
| External Support/Booster Organization | Girls Basketball |
| Name of Fundraiser | Donation Letters |
| Sponsor | Girls Basketball |
| Date Submitted | 8/29/2018 |

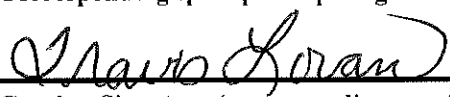
Purpose of fundraising activity: (What will the funds be used for? Be specific)
To raise funds to help support the girls basketball team. For travel and equipment

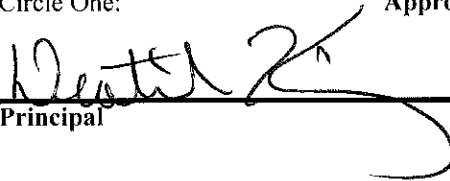
Items to be sold:
Sending out letters for donations

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

Date(s) scheduled:
October 2018-December 2018

Names of adult supervisors at activity (chaperones, custodians, etc.):
Travis Lovan
Ariel Johnson
Melissa Weathers

| | | | | |
|---|-----|-------------------------------------|-------------|--------------------------|
| 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"/> |
|  | | | | |
| 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 | |
| External Support/Booster Organization | Girls Basketball |
| Name of Fundraiser | Krispy Kreme Donuts |
| Sponsor | Travis Lovan |
| Date Submitted | 8/29/2018 |

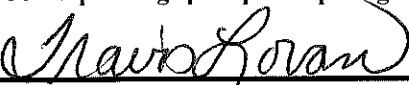
Purpose of fundraising activity: (What will the funds be used for? Be specific)
To raise funds to help support the girls basketball team. For travel and equipment

Items to be sold:
Krispie Kreme Donuts

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

Date(s) scheduled:
September 2018-October 2018

Names of adult supervisors at activity (chaperones, custodians, etc.):
Ariel Johnson
Travis Lovan
Melissa Weathers

| | | | | |
|---|-------------|-------------------------------------|----|--------------------------|
| 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"/> |
|  | | | | |
| 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 | |
| External Support/Booster Organization | Girls Basketball |
| Name of Fundraiser | Pork Chop or Ribeye Sandwich Meal |
| Sponsor | Girls Basketball |
| Date Submitted | 8/29/2018 |

Purpose of fundraising activity: (What will the funds be used for? Be specific)
To raise funds to help support the girls basketball team. For travel and equipment

Items to be sold:

Selling pork chop or ribeye sandwiches
to staff at schools and public

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

Date(s) scheduled:

September 2018 and April 2019

Friday before Fall Break & Spring Break

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

Travis Lovan

Ariel Johnson

Melissa Weathers

Athletic Fundraiser

Yes ☒ No ☐

If yes, sport involved:

Corresponding sport participating in fundraiser?

Yes ☒ No ☐

Travis Lovan

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 | Class of 2020 |
| External Support/Booster Organization | |
| Name of Fundraiser | Yankee Candle Sales - PROM |
| Sponsor | Jason Gibson |
| Date Submitted | 8/10/2018 |

Purpose of fundraising activity: (What will the funds be used for? Be specific)
The money generated from the sale of the Yankee Candle products will go to fund the 2019 Junior/Senior Prom.

Items to be sold:
Yankee candles and related items

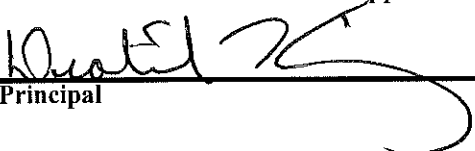
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
TCCHS Students

Date(s) scheduled:
October 15 - November 2, 2018

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

| | | |
|---|------------------------------|--|
| 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**


Principal

Date
8-30-18
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 | Apparel |
| Sponsor | Julie Gilliam; Brooke White |
| Date Submitted | 10-Aug-18 |

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 Students will sell shirts to raise profit for agriculture classes and the FFA program. Donations will also be accepted.

Items to be sold:
 shirts

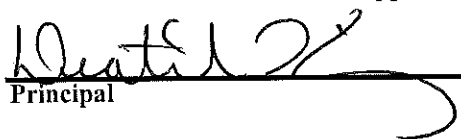
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 Ag - FFA

Date(s) scheduled:
 September, 2018 - May, 2019

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

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

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


 Principal

Date
 8-30-18
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 | Banquet Sponsors |
| Sponsor | Julie Gilliam; Brooke White |
| Date Submitted | 10-Aug-18 |

Purpose of fundraising activity: (What will the funds be used for? Be specific)
Students will collect sponsorships for FFA banquet. Donations will also be accepted.

Items to be sold:
sponsorships

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

Date(s) scheduled:
March - May, 2019

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

| | | |
|--|------------------------------|--|
| 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


Principal

Date
8-30-18
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 | Discount Cards |
| Sponsor | Julie Gilliam; Brooke White |
| Date Submitted | 10-Aug-18 |

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 Students will sell restaurant discount cards, to raise a profit to support agriculture classes and the FFA program.
 Donations will also be accepted.

Items to be sold:
 discount cards

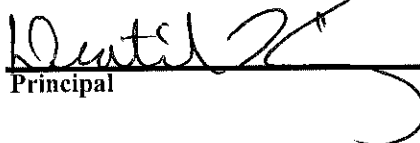
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 Ag - FFA

Date(s) scheduled:
 September - December, 2018

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

| | | |
|--|------------------------------|--|
| 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**


 Principal

Date
 8-30-18
 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 | Pee Jay's Fresh Fruit |
| Sponsor | Julie Gilliam; Brooke White |
| Date Submitted | 10-Aug-18 |

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 Students will sell fruit to raise a profit for agriculture classes and the FFA program. Donations will also be accepted.

Items to be sold:
 Fruit

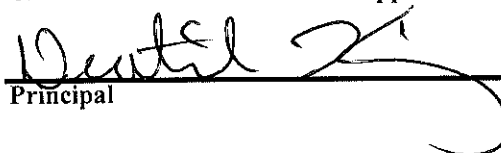
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 Ag - FFA

Date(s) scheduled:
 October - November 2018

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

| | | |
|--|------------------------------|--|
| 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


 Principal

Date
 8-30-18
 Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

| | |
|---------------------------------------|-----------------------------|
| School | TCCHS |
| Activity Account | Greenhouse |
| External Support/Booster Organization | |
| Name of Fundraiser | Shop Projects |
| Sponsor | Julie Gilliam; Brooke White |
| Date Submitted | 10-Aug-18 |

Purpose of fundraising activity: (What will the funds be used for? Be specific)
Students will sell shop projects for profit for agriculture construction classes. Donations will also be accepted.

Items to be sold:
shop projects

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

Date(s) scheduled:
September, 2018 - May, 2019

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

| | | |
|--|------------------------------|--|
| 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


Principal

Date
8-30-18
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

| | |
|---------------------------------------|-----------------------------|
| School | TCCHS |
| Activity Account | Greenhouse |
| External Support/Booster Organization | |
| Name of Fundraiser | Greenhouse Sales |
| Sponsor | Julie Gilliam; Brooke White |
| Date Submitted | 10-Aug-18 |

Purpose of fundraising activity: (What will the funds be used for? Be specific)
Students will sell greenhouse plants for profit for agriculture classes. Donations will also be accepted.

Items to be sold:
plants

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

Date(s) scheduled:
March - June, 2019

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

| | | |
|--|------------------------------|--|
| 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


Principal

Date
8-30-18
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

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| | |
|---------------------------------------|------------------------|
| School | TCHS |
| Activity Account | LIBRARY |
| External Support/Booster Organization | NONE |
| Name of Fundraiser | Scholastic Book Orders |
| Sponsor | Lisa Petrie |
| Date Submitted | 28-Aug-18 |

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 When students order books, points are gathered to allow the teacher/librarian to purchase books/materials/equipment for the school
 The points will be used to purchase books, materials and or equipment for the library.

Items to be sold:
 Scholastic Book order forms

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 Library - and all students at TCHS will benefit

Date(s) scheduled:
 9/1/18 - 6/1/19

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

| | | |
|--|------------------------------|--|
| 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

Deborah J. [Signature] Date *8-30-18*
 Principal Date

SBDM Council (If Council Policy) Date

Superintendent Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

| | |
|---------------------------------------|----------------|
| School | TCCHS |
| Activity Account | Library |
| External Support/Booster Organization | NA |
| Name of Fundraiser | Book Donations |
| Sponsor | Lisa Petrie |
| Date Submitted | 28-Aug-18 |

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

As people finish a personal book at home and would like to donate this to the library, we process these to add to our collection.

Items to be sold: No sales/ book donation Advertisements will be placed on school webpage and on social media.
Advertise in some business if able

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

All students/teachers of TCCHS

Date(s) scheduled: 9/1/18 - 6/1/19

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

Lisa Petrie *Lisa Petrie*

| | | | | |
|--|-----|--------------------------|----|--------------------------|
| 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

Deatil
Principal

Date
8-30-18
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

| | |
|--|---------------------------------|
| School | Todd County Central High School |
| Activity Account | 60 |
| External Support/Booster Organization | 2018-2019 Project Graduation |
| Name of Fundraiser | Harlem Wizards |
| Sponsor | Melisa Morgan |
| Date Submitted | 8/23/2018 |

Purpose of fundraising activity: (What will the funds be used for? Be specific)
To raise monies to support the graduating seniors with items for college and vocational aspects after graduation.

Items to be sold:
Tickets, Merchandise, Food

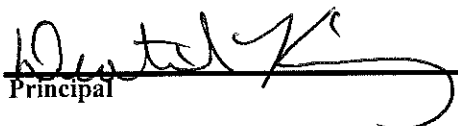
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
Class of 2018-2019 graduating Seniors

Date(s) scheduled:
9-Mar-19

Names of adult supervisors at activity (chaperones, custodians, etc.):
Melisa Morgan, Deatrik Kinney, Faye Turnbaugh

| | | | |
|---|------------------------------|-----------------------------|--|
| 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
8-30-18
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

| | |
|---------------------------------------|---------------------------------|
| School | Todd County Central High School |
| Activity Account | Spilled Ink Literary Club |
| External Support/Booster Organization | |
| Name of Fundraiser | T-Shirt Sales |
| Sponsor | Amanda Kennedy |
| Date Submitted | 8/10/2018 |

Purpose of fundraising activity: (What will the funds be used for? Be specific)
The students of Spilled Ink would like to hold a fundraiser selling tshirts to promote our club and build school pride in order to use the funds to visit bookstores in Bowling Green KY (Barnes and Noble and Half Price Books) to learn more about the selling and working within a book market in addition to purchasing books for inspiration and our "Recommended" section within the magazine.

Items to be sold:
Short sleeve shirts, long sleeve shirts, and sweat shirts.

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
TCCHS Spilled Ink Literary Magazine

Date(s) scheduled:
September 11 - 28, 2018

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

| | | |
|--|------------------------------|--|
| 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


Principal

Date
8-30-18
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

| | |
|---------------------------------------|-----------------|
| School | TCCHS |
| Activity Account | Student Council |
| External Support/Booster Organization | |
| Name of Fundraiser | Angel Tree |
| Sponsor | Bristow |
| Date Submitted | 8/10/18 |

Purpose of fundraising activity: (What will the funds be used for? Be specific)
Funds will be used for gifts for children and families on the Angel Tree.

Items to be sold:
N/A - Students will collect change

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

Date(s) scheduled:
5-Dec-18

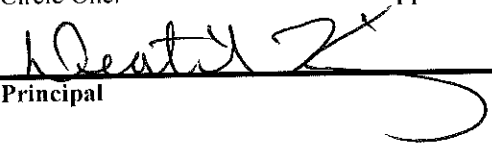
Names of adult supervisors at activity (chaperones, custodians, etc.):
A. James, L. Bristow

| | | |
|--|------------------------------|--|
| 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


Principal

Date
8-30-18
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

| | |
|---------------------------------------|---------------------------------|
| School | Todd County Central High School |
| Activity Account | Student Council |
| External Support/Booster Organization | |
| Name of Fundraiser | Homecoming Dance - Ticket Sales |
| Sponsor | Addison James |
| Date Submitted | 8/10/2018 |

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 The money generated from the sale of tickets will support the Student Council and help to fund the Homecoming Dance expenses.

Items to be sold:
 tickets to the Homecoming Dance

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

Date(s) scheduled:
 October 9 - 19

Names of adult supervisors at activity (chaperones, custodians, etc.):
 Addison James; Leigh Ellen Bristow

| | | |
|--|------------------------------|--|
| 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


 Principal

Date
 8-30-18
 Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

| | |
|---------------------------------------|-----------------|
| School | TCCHS |
| Activity Account | Student Council |
| External Support/Booster Organization | |
| Name of Fundraiser | Snow Ball |
| Sponsor | Bristow |
| Date Submitted | 8/10/18 |

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

Funds will be used for activities for the TCCHS student body such as Battle of the Classes.

Funds can also be used to purchase items for the school to benefit the student body.

Items to be sold:

Tickets to the Dance

Beneficiary of fundraising activity:

(Who will receive the benefit of the funds)

Student Council

Date(s) scheduled:

TBA

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

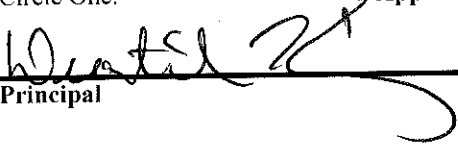
A. James, L. Bristow, T. Wood, J. Adams, D. Kinney, other freshman/sophomore teachers

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

Circle One:

Approved

Not Approved


Principal

Date

8-30-18
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 | Christmas Wreaths |
| Sponsor | Addison James |
| Date Submitted | 8/27/2018 |

Purpose of fundraising activity: (What will the funds be used for? Be specific)
The raise funds to offset the cost of uniforms and supplies and equipment for the volleyball team.

Items to be sold:
Fraser Fir garland and wreaths

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

Date(s) scheduled:
September 17 - October 18, 2018

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

| | | |
|--|---|-----------------------------|
| Athletic Fundraiser | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| If yes, sport involved volleyball | | |
| 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 | 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 | Krispy Kreme |
| Sponsor | Addison James |
| Date Submitted | 8/27/2018 |

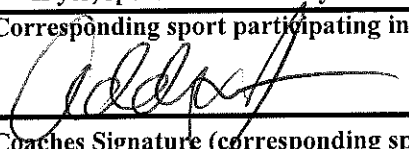
Purpose of fundraising activity: (What will the funds be used for? Be specific)
 The raise funds to offset the cost of uniforms and supplies and equipment for the volleyball team.

Items to be sold:
 Krispy Kreme doughnuts

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

Date(s) scheduled:
 September 11 - 21, 2018

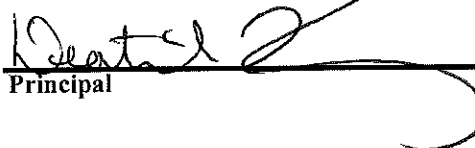
Names of adult supervisors at activity (chaperones, custodians, etc.):
 Addison James
 Morganne Mullen

| | | | | |
|---|-------------|-------------------------------------|----|--------------------------|
| Athletic Fundraiser | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| If yes, sport involvec volleyball | | | | |
| 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

Date

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

| | |
|--|---------------------------------|
| School | Todd County Central High School |
| Activity Account | Yearbook |
| External Support/Booster Organization | |
| Name of Fundraiser | Business Ads Sales |
| Sponsor | Natassja Clark |
| Date Submitted | 8/10/2018 |

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 To supplement the expense of the 2019 TCCHS Yearbook and purchase of camera equipment

Items to be sold:
 page space in the 2019 TCCHS Yearbook for business ads

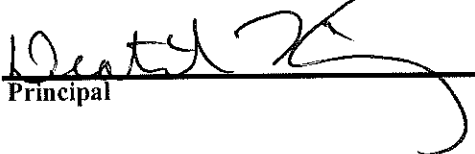
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 TCCHS Yearbook class

Date(s) scheduled:
 September 11, 2018 - June 30, 2019

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

| | | |
|---|------------------------------|-----------------------------|
| 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
 8-30-18
 Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

| | |
|--|---------------------------------|
| School | Todd County Central High School |
| Activity Account | Yearbook |
| External Support/Booster Organization | |
| Name of Fundraiser | Senior Baby Picture Space |
| Sponsor | Natassja Clark |
| Date Submitted | 8/10/2018 |

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 To supplement the expense of the 2019 TCCHS Yearbook and to purchase cameras and equipment

Items to be sold:
 page space in the 2019 yearbook for senior students' baby pictures

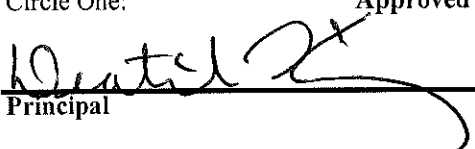
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 TCCHS Yearbook class

Date(s) scheduled:
 September 11, 2018 - January 15, 2019

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

| | | |
|---|------------------------------|-----------------------------|
| 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
8-30-18
 Date

 SBDM Council (If Council Policy)

Date

 Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

| | |
|--|-----------------------------------|
| School | Todd County Central High School |
| Activity Account | Yearbook |
| External Support/Booster Organization | |
| Name of Fundraiser | Senior Recognition Advertisements |
| Sponsor | Natassja Clark |
| Date Submitted | 8/10/2018 |

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 To supplement the expense of the 2019 TCCHS Yearbook and to purchase cameras and equipment

Items to be sold:
 page space in the 2019 yearbook for senior recognition ads

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

Date(s) scheduled:
 September 11, 2018 - June 30, 2019

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

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

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



 Principal

Date
 8-30-18

 Date

SBDM Council (If Council Policy) _____

_____ Date

Superintendent _____

_____ Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

| | |
|---------------------------------------|---------------------------------|
| School | Todd County Central High School |
| Activity Account | Yearbook |
| External Support/Booster Organization | |
| Name of Fundraiser | Yearbook Sales |
| Sponsor | Natassja Clark |
| Date Submitted | 8/10/2018 |

Purpose of fundraising activity: (What will the funds be used for? Be specific)
To create and fund the 2019 TCCHS Yearbook published by Jostens

Items to be sold:
Yearbooks

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

Date(s) scheduled:
September 11, 2018 - June 30, 2019

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

| | | |
|--|------------------------------|--|
| 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


Principal

Date
8-30-18
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date